No. 2
-1-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

FILED OCT 18 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30173

Registration District No. 791

Primary Registration District No.

Registrar's No. 7512

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
832 N. Kingshighway
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 832 N. Kingshighway
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME ALMA MAY PARKER

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Frederick P. Parker

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased October (Month) 28 (Day) 1876 (Year)

8. AGE: Years 64 Months 10 Days 19 If less than one day hr. min.

9. Birthplace Pana (City, town, or county) Illinois (State or foreign country)

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Gilbert H. Sallee
13. Birthplace Orleons (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Sarah I. Rhodes
15. Birthplace Pana (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Dr. F. P. Parker
(b) Address 832 N. Kingshighway

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-19-41. (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director C. R. Lupton & Sons
(b) Address 7233 Delmar Blv'd., St. Louis

19. (a) SEP 17 1941 (Date received local registrar) (b) L. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 17th year 1941 hour 3:30 minute A. M.

21. I hereby certify that I attended the deceased from June 1 1941 to Sept 17 1941 that I last saw her alive on Sept 13 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Uterus (Uterus)	2 yrs
Due to X X	
Due to	
Other conditions Jaundice (Include pregnancy within 3 months of death)	3 wks

Major findings:
Of operations

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (e) Means of injury

23. Signature [illegible] (M. D. or other)
Address 3833 Washington Date signed

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Guy Simpson
3833 Washington Ave.
JE-7207
12-1 P.M.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Clarence H. Murr

Licensed Embalmer No. 4011

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.