S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 17 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1003

State File No. 4797

Registration District No.

Primary Registration District No.

Registrar's No. 1281

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:
4433 Arco Ave.
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln 55 N.R.

(c) City or town Foley
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Catherine Lee Parker

3. (b) If veteran, name war No.

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 George

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

7. Birth date of deceased July (Month) 11 (Day) 1889 (Year)

8. AGE:

Years	Months	Days	If less than one day
52	6	16	hr. min.

9. Birthplace Foley (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Ernst Brown
13. Birthplace Foley (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Lorena Watts
15. Birthplace Foley (City, town, or county) Missouri (State or foreign country)

16. (a) Informant George Parker
(b) Address Foley, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-10-42 (Month) (Day) (Year)
(c) Place: burial or cremation Elsberry, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. (a) FEB 10 1942 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 7
year 1942 hour 4 30 minute P. M.

21. I hereby certify that I attended the deceased from Feb 5, 1942, 19, to Feb. 7, 1942
that I last saw her alive on Feb 7, 1942, 19
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral accident	2 days
Due to Hypertension, arterio-sclerotic heart disease	3 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature Joseph D Cieri (M. D. ~~or other~~)
Address 462 N. Taylor Date signed 2/10/42

(Licensed Embalmer's Statement on Reverse Side)

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 J. W. M. Dinkley

Licensed Embalmer No. 3653

P. O. Address St Louis Mo.

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

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