

S. No. 2  
I-1.4.41  
5-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED APR 20 1942  
Registration District No. 2

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003  
Primary Registration District No.

State File No. 9060  
3386  
Registrar's No.

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

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:  
St. Marys Inf.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 12 days  
(Specify whether  
In this community 25 yrs.  
years, months or days)

3. (a) PRINT FULL NAME Dollie Kelly Parsons  
3. (b) If veteran, name war --  
3. (c) Social Security No. --

4. Sex Female 5. Color or race Negro  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Wilbert Parsons  
6. (c) Age of husband or wife if alive 44 years  
7. Birth date of deceased. Unavailable about 1902  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
abt. 40 hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

12. Name David Kelly

13. Birthplace Burger Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Josephine Smith

15. Birthplace Herman Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Wilbert Parsons

(b) Address 922 N. ELM. Webster Grvs, Mo

17. (a) Burial (b) Date thereof 4-17-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Father Dickson Cem.

18. (a) Signature of funeral director Chas. J. Gates

(b) Address 4107 Finney Ave

19. (a) APR 15 1942 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 096 NR 7 4  
(c) City or town Websters Groves  
(If outside city or town limits, write "RURAL")  
(d) Street No. 922 N. Elm. St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13th.  
year 1942 hour 4:50 minute p. a. M.

21. I hereby certify that I attended the deceased from 19 to April 13th. 1942;  
that I last saw her alive on April 13th. 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Yersinia Duration

Due to Ch. Intestinal Septic

Due to Ch. Hypertension

Other conditions Ch. Hypertension  
(Include pregnancy within 3 months of death)  
Major findings: Ch. Hypertension  
Of operations 1/21  
Of autopsy 1/21

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 4-17-42  
(c) Where did injury occur? Home  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Yes

While at work? No (Specify type of place) (e) Means of injury.....

23. Signature J. F. Bredeck M. D. or other) 0  
Address 2438 Highway 100 Date signed 4/14/42

**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.....

James A. Johnson

Registered Apprentice No. ....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Ave.

**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.**