No. 2
-2-43
-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 27 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 813

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 490

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:
City Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1½ HOURS (Specify whether
In this community 40 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 0 24
(If outside city or town limits, write "RURAL")

(d) Street No. 1935a Utah
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Adeline Parks

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife P earl

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased 12 (Month) 13 (Day) 1887 (Year)

8. AGE: Years 56 Months 1 Days 1 If less than one day hr. min.

9. Birthplace Red Bud Ill (City, town, or county) Illinois 1 (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business At HOME

FATHER
12. Name August Wilhelms
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Elizabeth Vonschrig
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)

16. (a) Informant Earl Parks
(b) Address 1935a Utah

17. (a) Motor (Burial, cremation, or removal) (b) Date thereof 1 /19 /44 (Month) (Day) (Year)
(c) Place: burial or cremation Red Bud Illinois

18. (a) Signature of funeral director A. W. McLaughlin
(b) Address 2301 Lafayette

19. (a) JAN 17 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 14
year 44 hour 1 minute 45 P M.

21. I hereby certify that I attended the deceased from
, 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to with Coronary

Due to Heart Disease

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 3

23. Signature Thomas F. Callan (M. D. or other)

Address Deputy Coroner Date signed 1-19-44

(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 L R Cooper

Licensed Embalmer No. 3633

P. O. Address 2301 Lafayet

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

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