

FILED JUL 21 1944

1003

6017

Registration District No. 318

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Enroute to City Hospital 3
(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

3. (a) PRINT FULL NAME Mabel Parks

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 Ira Parks 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased July 24 1890
(Month) (Day) (Year)

8. AGE: Years 53-54 Months 11 Days 14 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Emmett McManus
13. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Lucy Westbrook
15. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Ira Parks
(b) Address Rockford, Ill.

17. (a) Removal (b) Date thereof 7-6-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Taylorville, Ill.
Albert H. Hoppe

18. (a) Signature of funeral director _____
(b) Address 4700 Washington Blvd.

19. (a) JUL 5 1944 (b) J. T. Brebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Winnebago
(c) City or town Rockford
(If outside city or town limits, write "RURAL")
(d) Street No. 1109 6th St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 2

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month July day 4
year 1944 hour 3 minute _____ P.M.

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

Immediate cause of death _____ Duration _____

Coronary Occlusion
Due to _____
Coronary Sclerosis
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? _____ (Means of injury) 3

23. Signature Thomas F. Callahan (M.D. or other) _____
Address Deputy Coroner Date signed July 4, 1944

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

MOTHER FATHER

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 John Agorash
.....
Licensed Embalmer No. 3398

P. O. Address.....

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.