S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42488

FILED DEC 28 1945

Registration District No.

Primary Registration District No. ~~200~~ 3670

Registrar's No. 2871

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Webster Groves
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
805 E. Big Bend Boul.
(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 St. Louis 96

(c) City or town Webster Groves 7
(If outside city or town limits, write "RURAL")

(d) Street No. 805 E. Big Bend Boul. 4
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Jennie R. 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 Widowed

6. (b) Name of husband or wife Dennis L. Parker

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

7. Birth date of deceased Dec. (Month) 9 (Day) 1856 (Year)

8. AGE: Years 89 | Months 10 | Days 26 | If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name William Mahaney
13. Birthplace (City, town, or county) Tennesse (State or foreign country)

MOTHER
14. Maiden name Dont Know
15. Birthplace (City, town, or county) Dont Know (State or foreign country) 9

16. (a) Informant John I. Parker
(b) Address 805 E. Big Bend Boul

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 11 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director James J. Cullinane
(b) Address 831 E. Big Bend Boul.

19. (a) 12-20-45 (Date received local registrar) (b) E.G. McGarrahan M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 9
year 1945 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from 10
4, 1945, to Dec 9, 1945
that I last saw her alive on Dec 6, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	2 days
Due to Generalized Arteriosclerosis	~~months~~ 15 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

23. Signature John V King M.D. (M. D. or other) M.D.
Address 671 E Big Bend Rd Date signed 12/10/45

(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. Albert L. Hoffman

Licensed Embalmer No. 2971

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.