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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 6 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24604**

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **6531**

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:
Jewish Hospital
(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 Lucie R. Parsons
3. (b) If veteran, name war _____ 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 Edwin S. 6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased July 16, 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 0 7 hr. min.

9. Birthplace Ky. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name McGinnis
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Elizabeth Robb
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Marvin Parsons
(b) Address 148 Chicago Ave.

17. (a) Burial (b) Date thereof 7-26-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Jay B. Smith

(b) Address 361 24 Manchester Rd
19. (a) 7-24-48 (Date received local registrar) J. F. Brudick (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")
(d) Street No. 148 Chicago Ave.
NR (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23
year 1948 hour 12 minute 20 A. M.

21. I hereby certify that I attended the deceased from 1948 to July 33, 1948
that I last saw her alive on July 22, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral adenoma + Pulmonary atelectasis.
Duration 36 hrs

Due to Is a strychnine 2 weeks previous

Due to Carcinoma of stomach + metastasis to liver

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Cancer of stomach adherent to liver.
Of operations _____
Of autopsy As above

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 _____
Signature W. Alexander Smith (M. D. number) _____
Address Webster & river mo Date signed 7-24-48

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

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.....

Ronald Yehke

Licensed Embalmer No. *3917*

P. O. Address..... *St. Louis*

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,