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5906

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis, Mo
(b) City or town St. Louis, Mo
(c) Name of hospital or institution:
7500 S. Broadway
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St. Louis, Mo
(c) City or town St. Louis, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 3623 North 11th
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3: (a) PRINT FULL NAME Effie Mae Parker
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Carl W. Parker 6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased May 28 1894
(Month) (Day) (Year)

8. AGE: Years 54 Months 5 Days 28 If less than one day hr. min.

9. Birthplace Mo (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business _____
12. Name William E. Reilly
13. Birthplace Mo (City, town, or county) (State or foreign country)
14. Maiden name Frances Honca
15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant Carl W. Parker
(b) Address 3623 N. 11th
17. (a) Burial (b) Date thereof Nov 29 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Cem.
18. (a) Signature of funeral director Edward Koch + Son
(b) Address 3016 E. 14th
19. (a) NOV 26 1948 (b) J. P. Lassiter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 25
year 1948 hour 9:20 minute _____ 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 Fracture of Cervelle with cord injury when she was struck by an automobile driven by one Mr. Lowell Harris white standing in the safety zone at 7th and Broadway around 5:20 P.M. Nov. 25, 1948
Other conditions (Include pregnancy within 5 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) Criminal Carelessness
(b) Date of occurrence Nov 25, 1948
(c) Where did injury occur? St. Louis Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In public place
(Specify type of place)
23. Signature Patrick E. Taylor (M.D. or other) _____
Address 1300 Clark Date signed 11-26-48

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 J. Allen Davis Jr
Licensed Embalmer No. 1953
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.