

MED JUL 5 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21517**  
**5371**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>over</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Saint Louis</b> /		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Saint Louis</b> <b>17</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>6042 Mardel Avenue</b>		d. STREET ADDRESS (If rural, give location) <b>14- 6042 Mardel Avenue</b> <b>5</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Alice</b>	b. (Middle) <b>Virginia</b>	c. (Last) <b>Parker</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 21st, 1949</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>July 31st, 1875</b>	9. AGE (In years last birthday) <b>73</b>	IF UNDER 1 YEAR Months <b>8</b> Days <b>20</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Perryville, Missouri</b> <b>0</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>John T. Brewer</b>	13b. MOTHER'S MAIDEN NAME <b>Mary L. Mc Atee</b>	14. NAME OF HUSBAND OR WIFE <b>Late R. B. Parker</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Woodie Nagel, 6042 Mardel Avenue</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Nephritis &amp; pulmonary edema</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 weeks</b>  <b>20 years</b>  <b>40 years</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>mitral stenosis</b>		
	DUE TO (c) <b>Chronic tonsillitis</b>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>92</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>H/OX</b>
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22. I hereby certify that I attended the deceased from **Jan 1916**, to **Jan 20, 1949**, that I last saw the deceased alive on **Jan 20, 1949**, and that death occurred at **4:30 A.M.** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Mrs M Davis M.D.</b>	23b. ADDRESS <b>2422 N Grand</b>	23c. DATE SIGNED <b>6/21/49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>June 23-1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>JUN 21 1949</b>	REGISTRAR'S SIGNATURE <b>J B Pasater</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Calvin F. Feutz Funeral Home, 4828 Nat'l Brid</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2424 N. ...  
2 30 Pms to 4 00 Pms  
Jan. 4 3 25

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**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed John A. Mlinar  
Licensed Embalmer No. 4186

P. O. Address St. Louis Mo.

**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.