

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **25102**
6584

State File No.

Registrar's No.

No. 300
10.48

FILED AUG 7 1951

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>St. Clair</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis,</u>		c. LENGTH OF STAY (In this place) <u>1 hr.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>East St. Louis</u>		<u>8120</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jewish Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>2306 N. 58th St.</u> <u>2306 N. 58th St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Langvin</u> c. (Last) <u>Parks</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 22, 1951</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>April 21, 1889</u>	
9. AGE (In years last birthday) <u>62</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>1</u>		IF UNDER 2 HRS. Hours <u>1</u> Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (State or foreign country) <u>Lithuania</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Mike Sprinot</u>			13b. MOTHER'S MAIDEN NAME <u>Anna Plainis</u>			14. NAME OF HUSBAND OR WIFE <u>Mike Parks</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>John Langvin</u> <u>2113 N. 45th E. St. Louis, Ill.</u>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Stokes - Adams Syndrome</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Arteriosclerotic HD disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u> <u>chronic</u> <u>chronic</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>4500</u>			
22. I hereby certify that I attended the deceased from <u>April 1949</u> , to <u>July 22, 1951</u> , that I last saw the deceased alive on <u>July 22, 1951</u> , and that death occurred at <u>5:10 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Raymond Charles M.D.</u>				23b. ADDRESS <u>727 Missouri Theatre</u>		23c. DATE SIGNED <u>7/23/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/25/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. John's</u>		24d. LOCATION (City, town, or county) (State) <u>Collinsville, Illinois</u>	
DATE REC'D BY LOCAL REG. <u>JUL 23</u>		REGISTRAR'S SIGNATURE <u>G. B. Lavater</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>John A. Kessly</u> <u>1101 N. 9th St. E. St. Louis, Ill</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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

Not Embalmed

Student Embalmer No. *7541*

working under my personal supervision.

Signed

[Handwritten Signature]

Signed.....
Student Embalmer

Licensed Embalmer No. *7541*

P. O. Address *East St. Louis, Ill.*

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.