

FILED JUN 5 1953

## STANDARD CERTIFICATE OF DEATH

State File No. 19757  
4651

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 Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Hgts.		d. STREET ADDRESS (If rural, give location) 1354 So. Handley Road 4505	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer Phillips Hospital				4. DATE OF DEATH (Month) (Day) (Year) May 5 1953			
3. NAME OF DECEASED (Type or Print) a. (First) Mary		b. (Middle) Parker		c. (Last)		5. SEX female 3	
6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH 25 Dec. 1895		9. AGE (in years) (last birthday) 57	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) day work		10b. KIND OF BUSINESS OR INDUSTRY maid		11. BIRTHPLACE (City and State or Foreign Country) Ullin Illinois		12. COUNTRY OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Tom Bruton		13b. MOTHER'S MAIDEN NAME Henretta VanDyke		14. NAME OF HUSBAND OR WIFE none			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. not known		17. INFORMANT'S SIGNATURE OR NAME Martha McNeese 1354 So. Handley Rd			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Pulmonary DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4343				22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased (Date of death) _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.	
23a. SIGNATURE Patrick E. Taylor, Coroner		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 5.7.53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9 May 1953		24c. NAME OF CEMETERY OR CREMATORY Oakdale Cemetary		24d. LOCATION (City, town, or county) (State) St. Louis County Mo.	
DATE REC'D BY LOCAL MAY 7 1953		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Leonard C. Davis Funeral Dir. 4047			

(Licensed Embalmer's Statement on Reverse Side)

Garfield

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

300  
48

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

*Paul V. Freeman*

Licensed Embalmer No. *4684*

P. O. Address *485 Aldene*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.