

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **17263**
Registrar's No. **4299**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 4299			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give town or city) St Louis Mo		c. LENGTH OF STAY (In this place) 2 1/2 years		c. CITY (If outside corporate limits, write RURAL and give township) St Louis Mo		2199			
d. FULL NAME OF HOSPITAL OR INSTITUTION 4497 Pershing Ave				d. STREET ADDRESS (If rural, give location) 19 4497 Pershing Ave					
3. NAME OF DECEASED (Type or Print) ELIZABETH MUSICK PARKS			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH		(Month)		(Day)		(Year)			
May		11		1954					
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug 25-1859		9. AGE (In years last birthday) 94	IF UNDER 1 YEAR Months 8	IF UNDER 1 YEAR Days 16	IF UNDER 24 HRS. Hours _____	Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Louisiana Mo		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME John Musick			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Robert Parks Deceased			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME John M. Skinder 6751 San Bonita				ADDRESS _____	
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, asthma, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction				INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hr	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Semilethal					
				DUE TO (c) _____					
II. 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 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? 4222					
22. I hereby certify that I attended the deceased from May 10 1954 , to May 11 1954 , that I last saw the deceased alive on 5-7-54 , and that death occurred at 11 P m., from the causes and on the date stated above.									
23a. SIGNATURE John M. Skinder MD				(Degree or title)		23b. ADDRESS 4500 Algine St		23c. DATE SIGNED 5-11-54	
24a. BURIAL - CREMATION REMOVAL (Specify) Burial		24b. DATE May 14 1954	24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cem		24d. LOCATION (City, town, or county) St Louis Mo		(State) _____		
DATE REC'D BY LOCAL REG. MAY 13 1954		REGISTRAR'S SIGNATURE Earl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE W. H. Drakey		ADDRESS 6536 Clayton Rd			

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Paul A. Wachter

Licensed Embalmer No. *4787*

P. O. Address

Thomas M.

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.