

FILED FEB 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6035**

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

Registrar's No. **1221**

1. PLACE OF DEATH a. CITY St. Louis Missouri		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		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 4217 W Labadie Ave		e. STREET ADDRESS (If rural, give location) 4107 4217 W Labadie Ave	
3. NAME OF DECEASED (Type or Print) Mary		4. DATE OF DEATH (Month) (Day) (Year) February 6 1955	
5. SEX Female		6. COLOR OR RACE Col	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 19 Sept 1877	
9. AGE (In years last birthday) 77		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work	
11. BIRTHPLACE (City and State or Foreign Country) Serling Arkansas		12. CITIZEN OF WHAT COUNTRY? Yes	
13a. FATHER'S NAME Jack Alexander		13b. MOTHER'S MAIDEN NAME Margaret (Unknown)	
14. NAME OF HUSBAND OR WIFE Dead		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 Mr Edgar Lawrence Parker ADDRESS 4217 Laba	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Neural Insufficiency		INTERVAL BETWEEN ONSET AND DEATH 5 years	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)	
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? 410X			
22. I hereby certify that I attended the deceased from alive on 11/5 1955 , and that death occurred at 9 PM on Feb 6, 1955 , that I last saw the deceased from the causes and on the date stated above.			
23a. SIGNATURE Edgar Lawrence Parker (Degree or title) M.D.		23b. ADDRESS 4324A Eustis	
23c. DATE SIGNED 2/8-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/11/55	
24c. NAME OF CEMETERY OR CREMATORY Washington Park		24d. LOCATION (City, town, or county) (State) St. Louis County Mo	
DATE REC'D BY LOCAL REG. FEB 9 1955		REGISTRAR'S SIGNATURE Herman J. Smith M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE Herman J. Smith ADDRESS 4247/w Labadie			

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 Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *W. Claude Gordon*

Licensed Embalmer No. *34*.....

P. O. Address *4575 All*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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