

FILED JAN 25 1957 STANDARD CERTIFICATE OF DEATH

State File No. 2995  
127  
Registrar's No.

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 127	
1. PLACE OF DEATH a. COUNTY Homer Phillip Hospital				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE St. Louis Mo b. COUNTY Missouri			
b. CITY (If outside corporate limits, write RURAL and give township) St Louis Mo.		c. LENGTH OF STAY (In this place) 10 years		c. CITY (If outside corporate limits, write RURAL and give township) ST Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillip Hospital				d. STREET ADDRESS (If rural, give location) 3862 Lincoln			
3. NAME OF DECEASED (Type or Print) a. (First) Tom		b. (Middle) Parham		c. (Last) Parham		4. DATE OF DEATH (Month) (Day) (Year) I 4 1957	
5. SEX male		6. COLOR OR RACE negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed		8. DATE OF BIRTH 2 9 1878	
9. AGE (In years last birthday) 78		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Jackson Mississippi	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Jeff Parham		13b. MOTHER'S MAIDEN NAME Annie Parham		14. NAME OF HUSBAND OR WIFE Sarah Parham	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Willie V. Smith 3862 Lincoln			
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) Pulmonary Congestion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Eucyp balduralasia DUE TO (c) Martie Steusis 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 421.1				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 type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 19__ to ____, 19__, that I last saw the deceased alive on ____, 19__, and that death occurred at 536A m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) John W. Broom				23b. ADDRESS 1500 Clark		23c. DATE SIGNED 1/7/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE I 8 1957		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. JAN 7 1957		REGISTRAR'S SIGNATURE John W. Broom		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John W. Broom 2616 N. Garrison			

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 Leroy W. Zimmerman

Licensed Embalmer No. 4523

P. O. Address 266 Dawson

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.