

STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

FILED MAR 17 1942 791

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 days
In this community 5 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Margaret Parks
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE

4. Sex FEMALE race Col.
5. Color or race Col.
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Henry Parks
6. (c) Age of husband or wife if alive 33 years
7. Birth date of deceased AUGUST 19 - 1908
(Month) (Day) (Year)

8. AGE: Years 33 Months 4 Days 22
If less than one day hr. min.

9. Birthplace LIBERTY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business SELF

MOTHER FATHER { 12. Name JESSE STEWART
13. Birthplace LIBERTY, MO.
(City, town, or county) (State or foreign country)
14. Maiden name MISSIE JOHNSON
15. Birthplace LIBERTY, MO.
(City, town, or county) (State or foreign country)

16. (a) Informant Jesse Stewart
(b) Address 3863 EVANS AVE.

17. (a) REMOVAL (b) Date thereof 2/12-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LIBERTY, MISSOURI

18. (a) Signature of funeral director Edward Pella
(b) Address 3030 Bell Ave.

19. (a) FEB 11 1942 (b) J. F. Amick
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 11000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3863 Evans
(If rural, give location)
(e) Citizen of foreign country? NO (If yes, name country U.S.A.)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 10th
year 1942 hour 10 minute 10 AM.

21. I hereby certify that I attended the deceased from January 27,
1942 to February 10, 1942
that I last saw her alive on February 10th, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Malignancy of breast with metastasis
Duration 2 years

Due to.....
Due to..... 50

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....
Of autopsy.....
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury 1-3
23. Signature M. E. Fowler (M. D. or other)
Address 2601 Whittier Date signed 2/11/42

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

1913

afford same

899

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.....

William C. McDowell

Registered Apprentice No.....

working under my personal supervision.

Signed *William C. McDowell*

Licensed Embalmer No. *2114*

P. O. Address.....

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.