

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

21184

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1000
City St. Louis Mo. (No. City Hospitals 2)

File No.
Registered No. 5737
St. Ward)

2. FULL NAME

(a) Residence, No. 3002 Clark St. 16 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Cel 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Annie L. Parks

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-4-1898

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>33</u>	<u>11</u>	<u>12</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 237

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky 2

13. NAME Ephraim Parks

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) A. Strude Crath #

18. BURIAL, CREMATION, OR REMOVAL FACE Carbondale Ill. DATE 6-18 1932

19. UNDERTAKER (ADDRESS) Manuel Lind Co 4039 Hazard ave

20. FILED IN 17 1932 W. C. Hardin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-16 1932

22. I HEREBY CERTIFY, That I attended deceased from 6-14-1932 to 6-16-1932

I last saw him alive on 6-16-1932 Death is said to have occurred on the date stated above, at 11:40 P.M.

The principal cause of death and related causes of importance are as follows:

Myocardial Infarction
99A
Other contributory causes of importance: (1)

Name of operation Date of
What test confirmed diagnosis? Autopsy Was there an autopsy? (1)

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify
(Signed) W. C. Hardin M. D.

(Address) City Hospital

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

