

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.

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

32227

Do not use this space.

OCT 14 1937

791

1003

Registered No. 8281

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No.
(c) City St. Louis. (d) Street No. Lutheran Hospital. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Chester Parkar.

(a) Residence, No. 4608 Cleveland Av St. 17 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nell Parkar,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 23d 1915.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
21 11 9 or min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME John Parkar,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri,

15. MAIDEN NAME Catherine Fashee

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri,

17. INFORMANT (ADDRESS) Nell Parkar,
4608 Cleveland Av.

18. BURIAL, CREMATION, OR REMOVAL PLACE Desloge, Mo. DATE 9-4- 1937

19. FUNERAL DIRECTOR (ADDRESS) Ziegenhein Bros.
2621-23 Cherokee St.

20. FILED SEP 3 1937 J. T. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 2nd 19 37

22. I HEREBY CERTIFY, That I attended deceased from 19....., to....., 19.....

I last saw him alive on..... 19..... Death is said to have occurred on the date stated above, at..... m.

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

Peritonitis due to abscess Date of onset

Cont.:- Shock following operation of the above
at the Lutheran Hospital on Sept 2nd
1937 at about 10:45 A.M.

Other contributory causes of importance:

Septic pneumonia

Name of operation cecectomy Date Sept 2nd 1937

Site of incision abdomen Autopsy yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accident Date of injury 9/2/1937

Where did injury occur? St. Louis Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury See above

Nature of injury See above

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify Alfred J. Herrick, M.D.

(Signed) Alfred J. Herrick, M.D. (Address) St. Louis, Mo.

EX-109 1953

STATEMENT BY LICENSED EMBALMER

I, Juddie A. Ziegenhein., Licensed Embalmer No. 2270

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Juddie A. Ziegenhein

Licensed Embalmer No. 2270

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.)