

JAN 10 1938

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

43862

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis MO Registration District No. 791
 (b) Township 1003 Primary Registration District No. 12112
 (c) City St. Louis MO (d) Street No. En route H. R. Phillips Registered No. 12112
 (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

(a) Residence, No. no address St. X (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 M 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Parkes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) abt. 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. abt 54

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation 51

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South Carolina

FATHER 13. NAME Wicks 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wicks

MOTHER 15. MAIDEN NAME Wicks 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wicks

17. INFORMANT (ADDRESS) Eugene Kirk 6904 Marquette

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington U DATE 12/22/37

19. FUNERAL DIRECTOR (ADDRESS) W. Richter 2350 Rutger St

20. FILED J. Bredsch Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 10 1937

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

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 2:30 A

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

Body burned beyond recognition found in ruins of burned shed. Shed burned down damage about \$100. Cause and manner of fire which occurred about 2:00 A.M. Dec. 10 1937, could not be determined, shed located in rear of 4234 Papin St.

Other contributory causes of importance: A.M. Dec. 10 1937, could not be determined, shed located in rear of 4234 Papin St.

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury 12/10, 1937

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

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

Manner of injury See above

Nature of injury _____

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

If so, specify _____ (Signed) Alfred J. Perry, M. D.

(Address) Deputy Coroner

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.

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STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

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

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed.....

Licensed Embalmer No.

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.)