

18 1938

REC'D JAN 6 1938

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

44528
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis Registration District No. 284
 (b) Township 2 Primary Registration District No. 200
 (c) City Wellston (d) Street No. 6445 Myrtle Avenue 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 Milton F. Parke
 (a) Residence, No. 6445 Myrtle Avenue St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Martha Parke

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 26, 1845

7. AGE YEARS 93 MONTHS 0 DAYS 20 If LESS than 1 day,hrs. ormin.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter
 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) 1938 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) Sappington (STATE OR COUNTRY) St. Louis Co., Mo. 6

FATHER 13. NAME John Parke
 14. BIRTHPLACE (CITY OR TOWN) St. Louis Co. (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Mary Greater
 16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) 6

17. INFORMANT Monica M. Dix (ADDRESS) 6445 Myrtle Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE Park Hill Cem DATE Dec 19 1938

19. FUNERAL DIRECTOR Shepard Funeral Home (ADDRESS) 1137 Hamilton Avenue

20. FILE NO. DEC 18 1938 G.R. Meyer M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 16 1938

22. I HEREBY CERTIFY, That I attended deceased from June 10 - 1938, to Dec. 16. 1938
 I last saw him alive on Dec. 16. 1938. Death is said to have occurred on the date stated above, at 1:15 P.m.
 The principal cause of death and related causes of importance were as follows:
Chronic Valvular Heart Lesion Date of onset unknown
92 W
 Other contributory causes of importance: Arterio Sclerosis

Name of operation none Date of ✓
 What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? ✓ Date of injury ✓, 1938
 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? no
 If so, specify John B. Fox (Signed) 1492 Woodlawn Ave, M. D.
 (Address)

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

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.

6249 Washington

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 J. G. Sullivan
Licensed Embalmer No. 1122

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.)