

REC'D JUN 12 1939

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

16913

Do not use this space.

791  
1003

Registered No. 4447

## 1. PLACE OF DEATH

(a) County..... Registration District No.....  
(b) Township..... Primary Registration District No.....  
or City St. Louis Mo. (d) Street No. Deaconess Hosp. St.  
City..... (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 Joseph Nathaniel Parker

(a) Residence, No. .... St. NR Salem Mo.  
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed.  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Ellen Parker.  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 8th, 1861.  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
78 4 5

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Ret'd. Wagon Maker.  
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) Apr. 1939. 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Reynolds County Mo.13. NAME Pendleton Parker14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee.15. MAIDEN NAME Martha Jane Sutterfield.16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn17. INFORMANT Archie P. Parker,  
(ADDRESS) Salem Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Salem Mo. DATE 5/15/39.19. FUNERAL DIRECTOR (NAME) P. H. Hoppe Inc  
(ADDRESS) 4700 Washington Ave.20. FILED MAY 15 1939 J. D. Brudick  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13th, 1939,

22. I HEREBY CERTIFY, That I attended deceased from 5/9/39 19... to 5/13/39 19...  
I last saw him alive on 5/12/39 19... Death is said to have occurred on the date stated above, at 10:00m. A  
The principal cause of death and related causes of importance were as follows:

Cerebral StenosisCerebral Thrombosis

Other contributory causes of importance:

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? no23. 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. F. Fack M. D.  
(Address) Humboldt Bldg

(Licensed Embalmer's Statement on Reverse Side)

WRITE CAREFULLY, 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.

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**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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed J. G. Sullivan

Licensed Embalmer No. 1122

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, above space should be left blank.**