

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **3088**

1. PLACE OF DEATH:

(a) County St Louis, Mo.
 (b) City or town St Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 days
(Specify whether)
 In this community _____
years, months or days

3. (a) PRINT FULL NAME Charles Thomas Parker 626

3. (b) If veteran, name war No. 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elydia 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Sept. 15 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>6</u>	<u>15</u>	_____ hr. _____ min.

9. Birthplace London England
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Engineer

11. Industry or business _____

12. Name George Parker

13. Birthplace Ripsey England
(City, town, or county) (State or foreign country)

14. Maiden name Mary Sutter

15. Birthplace Lacashire England
(City, town, or county) (State or foreign country)

16. (a) Informant Lydia Parker

(b) Address Alton, Ill.

17. (a) Removal (b) Date thereof 4-4-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Alton, Ill.

18. (a) Signature of funeral director Albert J. Hoppe

(b) Address 4700 Washington Ave.

19. (a) APR 3 1940 (b) _____
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County _____
 (c) City or town Alton
(If outside city or town limit, write "RURAL") NR
 (d) Street No. 440 Jefferson
(If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1
 year 1940 hour 10⁰⁰ minute _____ P. M.

21. I hereby certify that I attended the deceased from March 28
 _____, 1940, to April 1, 1940

that I last saw him alive on April, _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death cerebral vascular accident

Due to Monocytic Leukemia

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature Alex Mueller (M.D. or other) _____
 Address BARNES HOSPITAL Date signed 4/1/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

Gay W. Wilkins

Licensed Embalmer No.

3575

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.