

o. 2
-4-41
7-39
X26390

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1037 Paul Brown Building /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Edward Scott Parks
3. (b) If veteran, name war Spanish-American No. 073-05-6216
3. (c) Social Security

4. Sex Male **5. Color or race** White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ethel Parks
6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Unknown
(Month) (Day) (Year)
8. AGE: Years About 63 Months _____ Days _____
 If less than one day hr. _____ min. _____

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

10. Usual occupation Salesman

11. Industry or business American Law Book Co

MOTHER FATHER
12. Name William T. Parks
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas J. Callanan
(b) Address Coroners Office

17. (a) Burial **(b) Date thereof** June 16 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chicago Illinois

18. (a) Signature of funeral director Peetz Brothers
(b) Address 3029 Lafayette Ave

19. (a) JUN 14 1941 **(b)** J. H. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Illinois (b) County Cook
 (c) City or town Chicago
(If outside city or town limits, write "RURAL")
 (d) Street No. 6916 Lakewood Ave
(If rural, give location)
 (e) Citizen of foreign country? _____
(Yes or No)

20. DATE OF DEATH: Month 13th day June
 year 1941 hour 4:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h. _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Occlusion
Arteriosclerosis

Due to _____

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? _____ **(e) Means of injury** _____

23. Signature Thomas J. Callanan **(D. of other)** _____
Address Deputy Coroner **Date signed** 6/14/41

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..... *Frank J. Owens*

Licensed Embalmer No. *2241-*

P. O. Address: *St. Louis Mo*

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, fact should be so stated above.