No. 2
1-4-41
-17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20449

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 5262

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS
(c) City or town Wellston NB (If outside city or town limits, write "RURAL")
(d) Street No. 6207 COTE BRILLIANTE (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WILLIAM B. PARKER

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

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years

7. Birth date of deceased SEPT. (Month) 24 (Day) 1859 (Year)

8. AGE: Years 81 Months 9 Days 0 If less than one day hr. min.

9. Birthplace GEORGETOWN (City, town, or county) OHIO (State or foreign country)
10. Usual occupation MERCHANT
11. Industry or business RETIRED 20 YEARS

FATHER
12. Name UUNKNOWN
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MARIA J PARKER
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant GRACE P. ARMSTRONG
(b) Address 6207 COTE BRILLIANTE
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6-27-41 (Month) (Day) (Year)
(c) Place: burial or cremation LAKE CHARLES CEM
18. (a) Signature of funeral director Shepard Funeral Home
(b) Address 1167 Hamilton Ave.
19. (a) JUN 26 1941 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 24 - 1941
year 1941 hour 4 45 minute P M.

21. I hereby certify that I attended the deceased from June 22, 1941 to June 24, 1941
that I last saw him alive on June 24, 1941
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemmorrhage	
Due to High Blood Pressure	
Due to Arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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) NO
(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) M.D.
Address 1492 Hodiamont Date signed 6/26/41

(Licensed Embalmer's Statement on Reverse Side)

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. Wilford G Burnley

Licensed Embalmer No. 4202

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.