

Registration District No. 784

Primary Registration District No. 2nd + Benton

Registrar's No. 2524

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Battersonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Morrow Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 1 1/2 years (Specify whether
yrs, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Battersonville
(If outside city or town limits, write "RURAL")
(d) Street No. Morrow Ave
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

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

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

4. Sex m 5. Color or race W 6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife Essie 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased Aug. 24 1877
(Month) (Day) (Year)

8. AGE: Years 64 Months 8 Days 19 If less than one day hr. _____ min. _____

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

10. Usual occupation Unemployed

11. Industry or business _____

12. Name Cephus Parker
13. Birthplace Battersonville (City, town, or county) (State or foreign country)
14. Maiden name Coleman
15. Birthplace Battersonville (City, town, or county) (State or foreign country)

16. (a) Informant James M. Parker

(b) Address 2644 North Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-13-41
(Month) (Day) (Year)

(c) Place: burial or cremation Free Free Cemetery

18. (a) Signature of funeral director Baumgardner Bros Inc

(b) Address 2504 Woodson Rd - Oakland Mo

19. (a) DEC 12 1941 (Date received local registrar) (b) C. J. Mc Harrison (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 11
year 1941 hour 5 minute 15 P. M.

21. I hereby certify that I attended the deceased from Sept 30
1940 to Dec 11 1941
that I last saw him alive on Nov 10 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis not
duration
duration

Due to _____

Due to 93rd

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) _____

(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 George D. Haller (M. D. or other) _____

Address 2504 N 14 Date signed Dec 12 41

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

96
00

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..... *Oscar F. Mueller*

Licensed Embalmer No. *3039*

P. O. Address..... *Overland 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.