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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 9 1942

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 42905

Registration District No. 784 Primary Registration District No. 101 Registrar's No. 2637

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

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town Clayton Twp. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital (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) In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 000
(c) City or town St. Louis 17 (If outside city or town limits, write "RURAL")
(d) Street No. 2332 S. 12th St. 9 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME JEROME EVERETT PARKS
3. (b) If veteran, name war World War 1
3. (c) Social Security No. 429-16-3004
4. Sex M
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ruby
6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased July (Month) 18 (Day) 1894 (Year)
8. AGE: Years 47 Months 5 Days 8 If less than one day ..... hr. ..... min.
9. Birthplace Datto (City, town, or county) Ark 1 (State or foreign country)
10. Usual occupation Tile setter
11. Industry or business
FATHER 12. Name Otis Parks
FATHER 13. Birthplace ..... (City, town, or county) Ark 9 (State or foreign country)
MOTHER 14. Maiden name Lacona Robinson
MOTHER 15. Birthplace ..... (City, town, or county) Ill 1 (State or foreign country)
16. (a) Informant Mrs Ruby Parks
(b) Address 2332 S. 12th - St Louis.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/30/41 (Month) (Day) (Year)
(c) Place: burial or cremation Corning, Ark.
18. (a) Signature of funeral director Louis H Bapp Inc.
(b) Address Kirkwood Mo.
19. (a) DEC 28 1941 (Date received local registrar) (b) E.G. McDaniel M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 26 year 1941 hour 6:10 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.

Duration

Immediate cause of death Struck by an auto while a pedestrian on a public highway.
Due to Neck fracture; compound fracture right tibia; lacera-
Due to tion of liver & right kidney; retroperitoneal hemorrhage &
Other conditions subarachnoid hemorrhage.
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy Yes

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) Accident
(b) Date of occurrence Dec. 26, 1941
(c) Where did injury occur? East of 61-67 bypass (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)
While at work? ..... (e) Means of injury .....
Signature Louis H Bapp Corner (M. D. or other)
Address Kirkwood, Mo. 12/27/41 Date signed

(Licensed Embalmer's Statement on Reverse Side)

JAN 21 1942

## 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 John M. Meyer

Licensed Embalmer No. 3288

P. O. Address Kirkwood, Mo

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

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