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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 2 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16532

Registration District No. 791 Primary Registration District No. 100 Registrar's No. 4573

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: St. Louis City Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1Mo. 15Days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17 9/1

(c) City or town St Louis (If outside city or town limits, write "RURAL")

(d) Street No. 3225 Montgomery (If rural, give location)

(e) Citizen of foreign country? O (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Earl F. Parker

3. (b) If veteran, name Don't Know

3. (c) Social Security No. No

4. Sex Male O

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Altha

6. (c) Age of husband or wife if alive years

7. Birth date of deceased 1 (Month) — 23 (Day) — 1890 (Year)

8. AGE: Years 52 Months 4 Days 2 If less than one day hr. min.

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

10. Usual occupation Millwright

11. Industry or business

FATHER 12. Name Wm Parker

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

MOTHER 14. Maiden name Unknown

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

16. (a) Informant Altha Parker

(b) Address 3719 No Taylor

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-26-42 (Month) (Day) (Year)

(c) Place: burial or cremation Cairo Ill

18. (a) Signature of funeral director Berblingund Co

(b) Address Cairo Ill

19. (a) MAY 26 1942 (Date received local registrar) (b) J. B. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25. year 1942 hour 7:00 minute P. M.

21. I hereby certify that I attended the deceased from April 10. 19 42 to May 25. 19 42 that I last saw him alive on May 25. 19 42 and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral Advanced Pulmonary Tuberculosis

Due to Gangrene left hand & forearm.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy no.

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? (Specify type of place)

While at work? Means of injury O

23. Signature Chas. K. Bruhl (M. D. or other)

Address 1515 Lafayette Ave. Date signed 5/27/42

844 (Licensed Embalmer's Statement on Reverse Side)

#8

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 Howard F. Rowland

Licensed Embalmer No. 3114

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.