

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **16533**  
Registrar's No. **4888**

FILED JUN 15 1942 91

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

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

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17  
9

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: **4056 Westminister 1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **14 mo** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **000 17**  
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL") **719**  
(d) Street No. **4056 Westminister** (If rural, give location)  
(e) Citizen of foreign country? **0** (Yes or No)  
If yes, name country **0**

3. (a) PRINT FULL NAME **John Parks Sr.**

3. (b) If veteran, name war **0** 3. (c) Social Security No. **490-22-0204**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Mada M Parks** 6. (c) Age of husband or wife if alive **54** years

7. Birth date of deceased **March 20 1878**  
(Month) (Day) (Year)

8. AGE: Years **64** Months **8** Days **13** If less than one day hr. min.

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

10. Usual occupation **Clerk**

11. Industry or business

12. Name **J. C. Parks**

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

14. Maiden name **Maria E Sheer**

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

16. (a) Informant **Mada M Parks**

(b) Address **4056 Westminister**

17. (a) **Burial** (b) Date thereof **6 5 1942**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Caruthersville, Mo**

18. (a) Signature of funeral director **LaFarge Funeral Home**  
(b) Address **Caruthersville, Mo**

19. (a) **JUN 4 1942** (b) **J. F. Bulech**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **3rd** year **1942** hour **11.10** minute **P** M.

21. I hereby certify that I attended the deceased from **May 15 - 1942** to **June 3 - 1942**

that I last saw him alive on **June 3 - 1942** and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Pulmonary Oedema** Duration **3 days**

**Due to Acute Myocardial Infarction**

Due to **the**

Other conditions (include pregnancy within 3 months of death) **93a**

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) Means of injury **0**

23. Signature **Jay H Lamb** (M. D. or other)

Address **1909 Olive, 4064** Date signed **6/4/42**

**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 P. 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.**