

S. No. 2  
M-5-42  
v. 5-17-39  
X32873

35779

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Filed NOV 23 1942

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **9381**

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

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:  
5830A Page Blvd., /  
(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 Mo. (b) County St. Louis  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 5830A Page Blvd.,  
(If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME John Parker.  
 (b) If veteran, name war No  
 (c) Social Security No. None

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month NOV. day 9  
 year 1942 hour 2.20 minute A.M.

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 (b) Name of husband or wife Mora Parker  
 (c) Age of husband or wife if alive 65 years  
 7. Birth date of deceased Dec. 12, 1878.  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 15 1942 to Nov 4 1942  
 that I last saw h. im alive on Nov 8 1942  
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>10</u>	<u>28</u>	.....hr. ....min.

Immediate cause of death Coronary Arteriosclerosis 14y  
Senility.  
 Due to.....  
 Due to.....

9. Birthplace Wales England 4  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Labor

Other conditions.....  
(Include pregnancy within 3 months of death)  
 Major findings: No  
 Of operations.....  
 Of autopsy.....

11. Industry or business.....  
 12. Name Elmer Parker.  
 13. Birthplace Wales England 4  
(City, town, or county) (State or foreign country)  
 14. Maiden name Catherine  
 15. Birthplace London England 4  
(City, town, or county) (State or foreign country)

PHYSICIAN  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Roy Wurdack  
 (b) Address 5830A Page Blvd.,  
 17. (a) Burial (b) Date thereof Nov. 11/42.  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Calvary Cem.,  
 18. (a) Signature of funeral director Jos. W. Clark  
 (b) Address 1125 Hodiamont Ave.,  
 19. (a) NOV 10 1942 (b) J. F. Medick  
(Date received local registrar) (Registrar's signature)

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?..... (e) Means of injury.....  
 23. Signature Min J. Langford (M. D. or other)  
 Address 5803 Plymouth Ave. Date signed Nov 9 42

Dr. W. J. Langan  
5803 Plymouth Ave.,  
CA. 0220  
607 P.M.

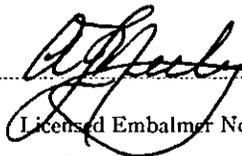
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**STATEMENT BY LICENSED EMBALMER**

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.....



Licensed Embalmer No. 3225.....

P. O. Address. 1125 Hodiament Ave.,.....

**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.**