

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 15 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42014

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 2638

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Jennings
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 5665 Helen Ave.
 (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 Missouri (b) County St. Louis
 (c) City or town Jennings
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5665 Helen Ave.
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 2 Widowed
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb. 22nd 1858
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
 84 9 22 hr. _____ min.

9. Birthplace Reynolds County, Mo. 0
 (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER
 12. Name Hampton Parker
 13. Birthplace Unknown, Ky. 1
 (City, town, or county) (State or foreign country)
 14. Maiden name Betsy Adams
 15. Birthplace Shannon County, Mo. 0
 (City, town, or county) (State or foreign country)

16. (a) Informant Pearl Parker
 (b) Address 5665 Helen Ave.

17. (a) Burial (b) Date thereof 12-16-42
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Salem Mo.

18. (a) Signature of funeral director Albert H. Hoppe Inc.
 (b) Address 4700 Washington Blvd.

19. (a) DEC 15 1942 (b) _____ (c) _____
 (Date received local registrar) (If _____) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 12 day 14
 year 1942 hour _____ minute 5:15 A.M.
 21. I hereby certify that I attended the deceased from _____
 _____, 1942, to _____, 1942
 that I last saw him alive on _____, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration 1 week
 Due to _____ 2 yrs
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy _____
 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? _____ (e) Means of injury _____
 23. Signature _____ Date signed 12/14/42
 Address 6603 Lillian _____

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

9/8
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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.....

G. W. Wilkins

Licensed Embalmer No. *2575*

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.