

ED APR 19 1943 318  
Registration District No. ....

Primary Registration District No. ....

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

1. PLACE OF DEATH:  
(a) County.....  
(b) City or town..... St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Homer G. Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution... 29 days  
In this community... 34 years (Specify whether years, months or days)

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

4. Sex Male 5. Color or race Col 6. (a) Single, widowed, married, divorced... Single  
6. (b) Name of husband or wife... None 6. (c) Age of husband or wife if alive... — years  
7. Birth date of deceased Oct. - 16 - 1880  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
62 5 22 hr. min.

9. Birthplace Rolla Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Shoemaker

11. Industry or business Business

MOTHER FATHER

12. Name John Henry Parker

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

14. Maiden name Sedonia Blackwell

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

16. (a) Informant Edell Parker

(b) Address 6217 Wells Ave

17. (a) Removal (b) Date thereof 4-10-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rolla, Mo

18. (a) Signature of funeral director Manuel Und. Co.

(b) Address 4059 - S. Ginnery Ave

19. (a) APR 9 1943 (b) J. F. Bredack  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 000  
(c) City or town St. Louis, (If outside city or town limits, write "RURAL")  
(d) Street No. 1904 1/2 N. Taylor (If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country..... 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7,  
year 1943 hour 2 minute 55 P. M.

21. I hereby certify that I attended the deceased from March  
9, 1943, to April 7, 1943;  
that I last saw h. im alive on April 7, 1943;  
and that death occurred on the date and hour stated above.

Immediate cause of death... Hypertensive Heart Disease

Due to.....  
Due to.....

Other conditions... (Include pregnancy within 3 months of death)

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

Duration  
Unk.  
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) (c) Means of injury 0

23. Signature Alva Mease (M. D. or other)  
Address 2601 Whittier Date signed 4/8/43

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.....

*William C. McDowell*....., Registered Apprentice No.....  
working under my personal supervision.

Signed *William C. McDowell*.....

Licensed Embalmer No. *2114*.....

P. O. Address.....

**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.**