

Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... **St. Louis.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **13 days** **0**
(Specify whether
In this community..... **50 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County.....
(c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **5342 Page Bl.**
(If rural, give location)
(e) Citizen of foreign country?..... **No**..... (Yes or No)
If yes, name country..... **0**

3. (a) PRINT FULL NAME

Charles Frederick Parks

(b) If veteran, name war..... **None**

(c) Social Security No. **494-09-6231**

4. Sex..... **Male** 5. Color or race..... **white**

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

6. (b) Name of husband or wife..... **Naoma Parks**

6. (c) Age of husband or wife if alive..... **50** years

7. Birth date of deceased..... **July 5, 1893**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
50 **8** **29** hr. min.

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

10. Usual occupation..... **Telegraph operator**

11. Industry or business..... **C. B. + S. Ry.**

MOTHER FATHER

12. Name..... **Josiah Parks**
13. Birthplace..... **Indiana**
(City, town, or county) (State or foreign country)
14. Maiden name..... **Mary Adeline Landon**
15. Birthplace..... **Kansas**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Mrs J. Latiok**
(b) Address..... **10360 Eaglewood St**

17. (a) **burial** (b) Date thereof..... **Sept 8 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Mt. Lebanon Cem.**

18. (a) Signature of funeral director..... **Chas. A. Bull**

(b) Address..... **4452 Washington Bl.**

19. (a) **SEP 8 1943** (b) **J. Fredrick**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **Sept.** day..... **4**
year..... **1943** hour..... **2:30** minute..... **P.** M.

21. I hereby certify that I attended the deceased from..... **8/10**, 1943 to..... **9-4**, 19**43**
that I last saw h. **live** on..... **9-4**, 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Shock** Duration

Due to..... **Acute Bacterial Endocarditis**

Due to..... **9/2**

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

Major findings:
Of operations.....

Of autopsy..... **Bacterial Endocarditis**

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)
(e) Means of injury.....

23. Signature..... **E. D. Urban** (M. D. or other)

Address..... **1117 N. UNION** Date signed..... **9/2/43**

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

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

John Ketter

Licensed Embalmer No. *3880*

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.