

FILED DEC 3 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10179

1. PLACE OF DEATH:

(a) County

(b) City or town. Saint Louis,
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3700a Grandel Square, Rear
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days) 12 years

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. 000
17

(c) City or town. Saint Louis
(If outside city or town limits, write "RURAL") 9 19

(d) Street No. 3700a Grandel Square, Rear
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Robert E. Parker

3. (b) If veteran, name war. W.W. #1 3. (c) Social Security No. 488-16-9022

4. Sex. Male 5. Color or race. Negro 6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife. Mary 6. (c) Age of husband or wife if alive. 47 years

7. Birth date of deceased. Unavailable, 1897
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>About 46</u>			hr. min.

9. Birthplace. Springfield, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation. Laborer

11. Industry or business. McQuay Norris

12. Name. William Parker

13. Birthplace. Unavailable 9
(City, town, or county) (State or foreign country)

14. Maiden name. Alice Unavailable 9

15. Birthplace. Unavailable 9
(City, town, or county) (State or foreign country)

16. (a) Informant. Mary Parker
(b) Address. 3700a Grandel Square

17. (a) Burial (b) Date thereof. 11/20/1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Greenwood Cemetery

18. (a) Signature of funeral director. Charles J. Gates
(b) Address. 4107 Finney Avenue
19. (a) NOV 20 1943 (b) J. F. Bussard
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November, day 13, year 1943 hour 8 minute 09A M.

21. I hereby certify that I attended the deceased from 11/1/43 to 11/13/43 and that death occurred on the date and hour stated above.

Immediate cause of death. Acute Myocarditis Duration 2 weeks

Due to Chronic Myocarditis about 1 yr.

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations Of autopsy

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

23. Signature Charles J. Gates (M. D. or O. D.) Date signed 11/20/43
Address 3146 E. L. 6 street

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

MOTHER FATHER

844

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.....

Thomas J. Gates

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No. 4259

P. O. Address 4107 Finney Avenue

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.