

U. S. No. 2
FORM-5-43
Rev. 5-17-39
1 X36671

State File No.

FILED FEB 28 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1463

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:
Missouri Pacific Hospital
(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 Colorado (b) County Pueblo

(c) City or town Pueblo
(If outside city or town limits, write "RURAL")

(d) Street No. 332 West Glendale Avenue
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country. 2

3. (a) PRINT FULL NAME Stacy Lester Parker

3. (b) If veteran, name war World #2

3. (c) Social Security No. 719-17-4982

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 14
year 1944 hour 2 minute 45 P.M.

21. I hereby certify that I attended the deceased from Jan. 24
1944 to Feb. 14 1944
that I last saw him alive on Feb. 14 1944
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Josephine Stutchell

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased January 12, 1908
(Month) (Day) (Year)

Immediate cause of death
M.yelogenous Leukemia (Eulminating)

Due to 74

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

8. AGE:

Years	Months	Days	If less than one day
<u>36</u>	<u>1</u>	<u>2</u>	_____ hr. _____ min.

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

10. Usual occupation Carman

11. Industry or business American Refrigerator Transit

12. Name Joseph Benjamin Parker

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

14. Maiden name Ella Rogers

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

16. (a) Informant Josephine Parker

(b) Address 332 S. Glendale Ave., Pueblo, Colo

17. (a) removal (b) Date thereof 2/15/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pueblo, Colo.

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address Clayton Rd. at Concordia Lane

19. (a) FEB 15 1944 (b) J. F. Benedek
(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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Paul J. Hordet (M. D. _____)

Address Mo. Pacific Hospital Date signed 2-14-44

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1463

AUG 20 1947

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.....

Robert C. ...

Licensed Embalmer No. 1994

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.