

FILED DEC 9 1944
318

Registration District No. _____

Primary Registration District No. _____

Registrar's No. **10278**

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:
3909a Utah St
(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

3. (a) PRINT FULL NAME Frank Parker Sr

3. (b) If veteran, name war No 3. (c) Social Security No. No

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

6. (b) Name of husband or wife Mary Louise Parker 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Feb 7 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 9 22 hr. min.

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

10. Usual occupation Meat Inspector

11. Industry or business Government

MOTHER FATHER { 12. Name Unknown Parker
13. Birthplace England (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Unknown
15. Birthplace England (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mary Parker

(b) Address 3909 Utah St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 2 44 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem

18. (a) Signature of funeral director KRIEGSHAUSER

(b) Address 4228 So. Kingshighway

19. (a) DEC 2 1944 (b) J. F. Budick (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 020
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 3909 Utah St (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 29 year 1944 hour 8.47 AM minute _____ M.

21. I hereby certify that I attended the deceased from April 24 1944 to Nov 29 1944
that I last saw him alive on Nov 29 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia
Generalized metastases from
Due to Carcinoma of the prostate 9 mos.

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
51

Major findings: Carcinoma of prostate
Of operations _____
Of autopsy _____

Duration 1 wk
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? _____

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

23. Signature Robert Thayer (M. D. or other) _____
Address 634 No. Grand Date signed 1/30/44

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

Dr Hickey

12-2
M. O. Hickey

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 Edwin O. Mc Dermott

Licensed Embalmer No. 3024

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.