

FILED NOV 30 1944 318

State File No. _____

Registration District No. _____ Primary Registration District No. _____

Registrar's No. 9841

1003

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

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:
832 North Kingshighway
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 50 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 040
(c) City or town Saint Louis (If outside city or town limits, write "RURAL")
(d) Street No. 832 North Kingshighway
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Frederick Phillip Parker

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November day 18th
year 1944 hour II minute 05 P. M.

3. (b) If veteran, name war None (c) Social Security No. None

21. I hereby certify that I attended the deceased from Aug 1943
19. to Nov 18 19. 44
that I last saw him alive on Nov 18 19. 44
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 Widowed

Immediate cause of death
Coronary Thrombosis 2 wks.

6. (b) Name of husband or wife Alma Parker 6. (c) Age of husband or wife if alive _____ years

Due to Chronic Hypertension 2 yrs

7. Birth date of deceased April 29 - 1869
(Month) (Day) (Year)

8. AGE: - Years Months Days If less than one day
75 6 19 hr. min.

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

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

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

10. Usual occupation Physician

11. Industry or business _____

12. Name Elijah Parker

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

14. Maiden name Eudora Ropel

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

16. (a) Informant Mrs. Eunice Barger

(b) Address 5040 No. Kingshighway

17. (a) Burial (b) Date thereof 11-21-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director C.R. Lupton & Sons

(b) Address 7233 Drimar Blvd.

19. (a) NOV 20 1944 (b) J. F. Buseck
(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) (c) Means of injury _____

23. Signature J. F. Buseck (M. D. or other) _____
Address 2503 1/2 Fairmount Date signed 11/20/44

Dr. J. O. Peeler /
2505 No. Florissant - ~~CS. 9995~~
4006 Natural Bridge - Fr. 0038

1-3 P.M.

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 Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City, Mo.

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.