

FILED NOV 30 1944
Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 9791

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

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:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 0 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(e) State Missouri (b) County W.B.

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

(d) Street No. 3729 Windsor, Pl.
(If rural, give location)

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

3. (a) PRINT FULL NAME Robert Parks

3. (b) If veteran, name war None

3. (c) Social Security No. none

4. Sex male race col

5. Color or race col

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

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased unknown
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 15 year 1944 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
<u>abt.</u>	<u>70</u>			<u>hr.</u> <u>min.</u>

Immediate cause of death
Coronary Sclerosis
arteriosclerosis

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

10. Usual occupation Minister

11. Industry or business _____

MOTHER FATHER {

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Hershel Parks

(b) Address 3729 Windsor, Ave.

17. (a) [Signature] (b) Date thereof 11-20-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Booker Washington Int. Home

18. (a) Signature of funeral director R.M.C. Green

(b) Address 3517 Laclede, Ave.

19. (a) NOV 19 1944 (b) J. F. [Signature]
(Date received local jurisdiction) (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? _____

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

(f) Means of injury _____

23. Signature Alfred J. Perry (M. D. or other)

Address Deputy Coroner Date signed 11-18-44

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

P. M. Green

Licensed Embalmer No. 1173

P. O. Address

3517 Sackel Ave

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.