

FILED FEB 7 1945
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1003

Registration District No. _____ Primary Registration District No. _____

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: City Hospital #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 22 days
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2204 Bedelle
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME NATHAN PARKER
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 22
year 1944 hour 7 minute 40 A. M.

4. Sex MALE 5. Color or race COL 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 41 1/2 years

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.

7. Birth date of deceased about (Month) _____ (Day) 1867 (Year) _____
8. AGE: Years abt. 77 Months _____ Days _____ If less than one day _____ hr. _____ min.

Immediate cause of death Pneumonia Duration _____
Fracture of left arm when he slipped and fell while attempting to step from the street to the sidewalk in front of 3029 Dec 20th Dec 1st about 11:15 P.M.

9. Birthplace unknown (City, town, or county) _____ (State or foreign country) VA
10. Usual occupation unc.

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____

MOTHER FATHER { 12. Name unk.
13. Birthplace (City, town, or county) _____ (State or foreign country) VA
14. Maiden name unk.
15. Birthplace (City, town, or county) _____ (State or foreign country) VA

Physician _____
Underline the cause to which death should be charged statistically.
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16. (a) Informant Coroner office
(b) Address 1300 Clark
17. (a) Anatomical Board Date thereof 1-27-45
(Burial, cremation, or removal) _____ (Month) _____ (Day) _____ (Year) _____
(c) Place: burial or cremation Washington
18. (a) Signature of funeral director W. R. R. R.
(b) Address 3000 Rutledge
19. (a) JAN 20 1945 (b) J. J. Predeck
(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) Accident MO.
(b) Date of occurrence Dec 1st 1944
(c) Where did injury occur? St Louis MO
(City or town) _____ (County) _____ (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Street
23. Signature Dr. E. Taylor (M. D. or other) _____
Address St Louis Date signed 1/18/45

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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.....

Licensed Embalmer No.....

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.