

FILED MAY 6 1946

Registration District No. 313 Primary Registration District No. 6076

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2413 Shirley Ave.
(If not in hospital or institution, write street number or location)

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

In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(d) Street No. 2413 Shirley Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME JOHN PARKS

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

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

6. (b) Name of husband or wife Mary Parks 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased Sept. 24, 1870
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27
year 1946 hour 3 minute _____ A.M.

21. I hereby certify that I attended the deceased from April 25, 1946 to April 27, 1946
that I last saw him alive on April 26, 1946
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

75 7 3 hr. _____ min.

Immediate cause of death Chronic myocarditis Duration 5 yrs?

Due to _____

Due to _____

Other conditions Chronic colitis 932 Duration 2 yrs?
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

10. Usual occupation Dry cleaner

11. Industry or business St. Louis

12. Name John Parks

13. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

14. Maiden name Dorothy Stevely

15. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Dorothy Stevely

(b) Address 5413 Shirley Ave.

17. (a) Personal (b) Date thereof April 29, 1946
(Special, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis

18. (a) Signature of funeral director _____

(b) Address 1384 Union Blvd.

19. (a) 4-29-46 (b) E. J. Laramore
(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 Eugene P. Arnold (M. D. or other) MD.
Address 1449 Mc Laran Date signed 4/27/46

13309

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 Ray Campbell
Licensed Embalmer No. 3881
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.