

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF THE CENSUS  
**FILED SEP 30 1946 STANDARD CERTIFICATE OF DEATH**

31456

Registration District No. 317 Primary Registration District No. 6076 State File No. \_\_\_\_\_ Registrar's No. 1999

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Jefferson Barracks  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Veterans Administration Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Since 9-6-46  
(Specify whether  
In this community 26 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town Fisk  
(If outside city or town limits, write "RURAL")  
(d) Street No. Route # 1  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME PARKER, Albert B.

3. (b) If veteran, name war World II 3. (c) Social Security No. 491162688

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased October 20 1919  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>26</u>	<u>11</u>	<u>4</u>	hr. _____ min.

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

10. Usual occupation Student

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Leannon Parker

13. Birthplace Blue Springs, Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Mary McIntosh  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Registrar Vet. Adm. Hospital

(b) Address Jefferson Barracks, Missouri

17. (a) REMOVAL. (b) Date thereof 9-25-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Piggott Ark

18. (a) Signature of funeral director Rowland Mortuary Service

(b) Address St. Louis, Missouri

19. (a) 9-26-46 (b) Rowland Mortuary  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 24  
year 1946 hour 5:10 minute P M.

21. I hereby certify that I attended the deceased from 9-6-46, 19\_\_\_\_, to 9-24-46, 19\_\_\_\_,  
that I last saw him ip alive on Sept. 24, 19\_\_\_\_, 46  
and that death occurred on the date and hour stated above.

Immediate cause of death UREMIA, CHRONIC

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions NEPHRITIS, PARENCHYMATOUS  
(Include pregnancy within 3 months of death)

CHRONIC  
Major findings:  
Of operations No Operation

Of autopsy No Autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No

(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 E. E. STILWELL, M.D. (M. D. or other)

Address Vet. Adm. Hosp. Jeff. Brks., Mo. Date signed 9-25-46

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

12

0

1

1

Duration

UNK

UNK

PHYSICIAN

Underline the cause to which death should be charged statistically.

NOV 20 1946

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

*John Ketter*

Licensed Embalmer No. *3880*

P. O. Address *St. Louis, 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.