. S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40048

FILED DEC 15 1947

Registration District No. 1318

Primary Registration District No. 1003

Registrar's No. 11159

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: St. John's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community 15 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96

(c) City or town University City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1075 Midland Blvd. 5
(If rural, give location)

NR

(e) Citizen of foreign country? no (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME JAMES ROLLINS PARKER

3. (b) If veteran, name war Spanish American

3. (c) Social Security No. 497-01-3209

4. Sex M O

5. Color or race W

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

6. (b) Name of husband or wife Clara Parker

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

7. Birth date of deceased March (Month) 27 (Day) 1872 (Year)

8. AGE: Years 75 Months 8 Days 9 If less than one day ~~13~~ hr. ~~30~~ min.

9. Birthplace Quincy (City, town, or county) Illinois (State or foreign country) 1

10. Usual occupation Grocery Merchant

11. Industry or business Maryland Market

FATHER
12. Name James Parker 6
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country) 7

16. (a) Informant Alma Parker Alden 1
(b) Address 1075 Midland Blvd. U. City

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC 9-1947 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ OAK GROVE CEM

18. (a) Signature of funeral director Watson Bockage
(b) Address 6536 Clayton Rd

19. (a) DEC 5-1947 (Date received local registrar) (b) J. F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 4
year 1947 hour 1 minute 10 p. M.

21. I hereby certify that I attended the deceased from Aug, 1945, to Dec 4, 1947
that I last saw him alive on 12-4, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio sclerotic cardio vas disease + Pulmonary embolus

Due to

Due to

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy as above

Duration for years

PHYSICIAN

Underline the cause of which death should be charged statistically.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature John J. Hummond (M. D. or other) MD

Address 634 N. Grand Date signed 12/5/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

OCT 14 1948

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 Ernest W. Spillard

Licensed Embalmer No. 4080

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.