S. No. 300
M—10-47
v. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 7 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17913

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4782

1. PLACE OF DEATH:

(a) County
(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:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3016 Caroline St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James L. Parker III
3. (b) If veteran, name war World War 2
3. (c) Social Security No.
4. Sex Male
5. Color or race Col
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Erlene Parker
6. (c) Age of husband or wife if alive 20 years
7. Birth date of deceased Feb. 11, 1923 (Month) (Day) (Year)
8. AGE: Years 25 Months 3 Days 12 If less than one day hr. min.
9. Birthplace St. Louis, Mo (City, town, or county) (State or foreign country)
10. Usual occupation Student
11. Industry or business
MOTHER FATHER
12. Name James L. Parker Jr.
13. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)
14. Maiden name Eva Mc Laughlin
15. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Eva Parker
(b) Address 3016 Caroline St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 26, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery
18. (a) Signature of funeral director Wright's Funeral Home
(b) Address 3100 Easton Ave.
19. (a) MAY 24 1948 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23 year 1948 hour 2:45 minute P M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Oedema: Duration
Fracture both legs, when one Wendell R. Parker (Col.) died at the wheel of the automobile in which he was a passenger, causing same to collide w with an automobile driven by one Mary Lois Sherman, on the Express Hiway 200 Feet West of Tamm Av., around 11:15 AM May 21, 1948.
Due to
Other conditions
(Include pregnancy within 3 months of death) ACCIDENT.

Major findings:
Of operations 170
Of autopsy 22

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) ACCIDENT
(b) Date of occurrence 5-21-1948
(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? public place (Specify type of place)
While at work? no (e) Means of injury See above
23. Signature Patrick C. Taylor (M. D. or other)
Address Deputy Coroner Date signed 5-23-48

(Licensed Embalmer's Statement on Reverse Side)

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 Arthur L. Hilliard

Licensed Embalmer No. 4221

P.O. Address 4049 St Ferdinand

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.