

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>ILLINOIS</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <u>JEFFERSON BARRACKS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>TOWN SPRINGFIELD</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>VETERANS ADMINISTRATION</u>		d. STREET ADDRESS (If rural, give location) <u>512 1/2 E. LAWRENCE</u>	
3. NAME OF DECEASED a. (First) <u>WILBUR L. PARKER</u> (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year) <u>JANUARY 8, 1949</u>	
5. SEX <u>MALE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
6. COLOR OR RACE <u>WHITE</u>		8. DATE OF BIRTH <u>2/16/02</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MOTION PICTURE Operator</u>		9. AGE (In years) (Months) (Days) (Hours) (Min.) <u>46 10 23</u>	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>ASTORIA, ILL.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>UNK</u>	
13b. MOTHER'S MAIDEN NAME <u>UNK</u>		14. NAME OF HUSBAND OR WIFE <u>(W) BESSIE PARKER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES 4/23/18 to 4/29/18</u>		16. SOCIAL SECURITY NO. <u>348077251</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Registrar Vet. Adm. Hosp. Jeff. Bks. Mo.</u>		ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARDIAC INSUFFICIENCY</u>		DUE TO (b) <u>BRONCHO GENIC CA.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		_____	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>472</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		_____	
22. I hereby certify that I attended the deceased from <u>July 2, 1948</u> , to <u>January 8, 1949</u> , that I last saw the deceased alive on <u>January 8, 1949</u> , and that death occurred at <u>6:45 pm</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>Harold A. Franklin M.D.</u>		23b. ADDRESS <u>V.A.H. Jefferson Barracks, 23 Mo.</u>	
23c. DATE SIGNED <u>Jan. 8-49</u>		_____	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Jan. 9, 1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Springfield, Ill.</u>		24d. LOCATION (City, town, or county) (State) <u>Springfield, Illinois</u>	
DATE REC'D BY LOCAL REG. <u>1-9-49</u>		REGISTRAR'S SIGNATURE <u>Harold A. Franklin M.D.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>C. Hoffmeister U. &amp; L. Co.</u>		ADDRESS <u>7814 S. Broadway St. Louis, Ill. Missouri.</u>	

FEB 21 1948

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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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Lillian C. Hoffmann

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.