5. No. 300
6: 10.48

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

FILED MAR 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6540
Registrar's No. 1840

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Homer G Phillips Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 1331 Gay Street

3. NAME OF DECEASED (Type or Print)
a. (First): Frank
b. (Middle):
c. (Last): Parks

4. DATE OF DEATH (Month) (Day) (Year): Jan. 27 1949

5. SEX: Male
6. COLOR OR RACE: Col
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: July 3, 1875
9. AGE (In years last birthday): 73 — If under 1 year: Months, Days — If under 1 hr.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: Nil
11. BIRTHPLACE (State or foreign country): Tenn.
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: Frank Parks
13b. MOTHER'S MAIDEN NAME: Carrie Nickles
14. NAME OF HUSBAND OR WIFE: Not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unk — (If yes, give war or dates of service): Unknown
16. SOCIAL SECURITY NO.: Unk
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Elizabeth Rhodes, 2601 N Whittier St

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cirrhosis of Liver — Interval between onset and death: Undet.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) None
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Undetermined

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-7, 1948, *to* 1-27, 1949, *that I last saw the deceased alive on* 1-27, 1949, *and that death occurred at* 4:40 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Charles R Frazier (Degree or title) M. D.
23b. ADDRESS: 2601 N Whittier
23c. DATE SIGNED: 2-7-49

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE: FEB 28 1949
24c. NAME OF CEMETERY OR CREMATORY: Anatomical Board
24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG.: FEB 28 1949
REGISTRAR'S SIGNATURE: J. B. Fasseter
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Rowland Mortuary Service, 4104 Manchester Ave.

(Licensed Embalmer's Statement on Reverse Side)

MAR 5 1949

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.

Signed Ralph M Hemon

Signed.....
Student Embalmer

Licensed Embalmer No. B 791

P. O. Address St Louis M

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.