

FILED MAY 5 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14867

State File No. 3740

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>3740</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Illinois</b> b. COUNTY <b>Randolph</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Red Bud</b>		<b>8120</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Missouri Pacific Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>Y</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Fael</b>		b. (Middle) <b>Thomas</b>		c. (Last) <b>PARKINSON</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>4-22-50</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Feb. 15, 1890</b>		9. AGE (In years last birthday) <b>60</b> 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) <b>Attendant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Bus Garage</b>		11. BIRTHPLACE (State or foreign country) <b>Hecker, Ill.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Thomas Parkinson</b>			13b. MOTHER'S MAIDEN NAME <b>Emma Blackburn</b>		14. NAME OF HUSBAND OR WIFE <b>Elizabeth Parkinson</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>341-10-9464</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Elizabeth Parkinson, Red Bud, Ill.</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Glomerulonephritis; chi.</b> INTERVAL BETWEEN ONSET AND DEATH <b> yrs ?</b>  ANCECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Hypertensive C. V. Dis.</b>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>Hypertensive C. V. Dis.</b>				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) <b>592X</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		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 <b>Apr 21</b> , 19 <b>50</b> , to <b>Apr 22</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>Apr 22</b> , 19 <b>50</b> , and that death occurred at <b>10:45</b> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Robert A. Luckert M.D.</b>				23b. ADDRESS <b>17.55 So. E. Road</b>		23c. DATE SIGNED <b>4-22-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>4-23-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Peters</b>		24d. LOCATION (City, town, or county) (State) <b>Red Bud, Ill.</b>	
DATE REC'D BY LOCAL REG. <b>APR 24 1950</b>		REGISTRAR'S SIGNATURE <b>J. B. Slaughter</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Albert H. Hoppe, 4700 Washington Blvd.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

**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

*Oliver C. Padwell*

Licensed Embalmer No.

4077

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.