FILED JUN 21 1950

Dr Seabaugh

S. No. 300
Rev. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22304

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 4467 Registrar's No. 1459

1. PLACE OF DEATH
a. COUNTY St Louis
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Valley Park
c. LENGTH OF STAY (in this place) 3 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Moll Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY St Louis
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webster Groves 19 4597
d. STREET ADDRESS (If rural, give location) 143 St John's Place

3. NAME OF DECEASED (Type or Print) a. (First) Marion b. (Middle) Francis c. (Last) Parker

4. DATE OF DEATH (Month) 6 (Day) 10 (Year) 1950

5. SEX M O

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 10-25-1876

9. AGE (In years last birthday) 73 — If under 1 year: Months 7 Days 15 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Sports Writer

10b. KIND OF BUSINESS OR INDUSTRY Newspaper

11. BIRTHPLACE (State or foreign country) St Charles Co Mo

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Marion Parker

13b. MOTHER'S MAIDEN NAME Margaret E Froumuth

14. NAME OF HUSBAND OR WIFE Marguerite Lenzen Parker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 493-09-6263

17. INFORMANT'S SIGNATURE OR NAME Mrs M. F. Parker ADDRESS 143 St John's Pl N.G.

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) Ulceration of Bladder with

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
~~DUE TO~~ (b) hemorrhage
~~DUE TO~~ (c) Cerebral Hemorrhage 3 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Invalid 3 yrs

INTERVAL BETWEEN ONSET AND DEATH: 5 da; ~~Sept~~ 3 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 331X

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* June, 1947, *to* June 10, 1950, *that I last saw the deceased alive on* June 6, 1950, *and that death occurred at* 1:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) O C Seabaugh O M D

23b. ADDRESS Webster Groves Mo

23c. DATE SIGNED 6-12-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 6-13-1950

24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

24d. LOCATION (City, town, or county) St Louis (State) Mo

DATE REC'D BY LOCAL REG. 6-12-50

REGISTRAR'S SIGNATURE Herbert R. Wonke M.D.

25. FUNERAL DIRECTOR'S SIGNATURE Mittelberg Funeral Home ADDRESS Webster Groves 19 Mo

(Licensed Embalmer's Statement on Reverse Side)

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

4001
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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 Albert L. Stapp

Licensed Embalmer No. 2971

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.