

No. 300
10.48

FILED JUN 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21382**
Registrar's No. **5473**

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) ST LOUIS		c. LENGTH OF STAY (In this place)	
c. CITY (If outside corporate limits, write RURAL and give township) ST LOUIS		d. STREET ADDRESS (If rural, give location) 11 1024 EUREKA 6	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital			
3. NAME OF DECEASED a. (First) Robert		b. (Middle) Parker	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) June 15 1951	
5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 6-15-1880
9. AGE (In years last birthday) 71		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) YARD MAN	
11. BIRTHPLACE (State or foreign country) MISS		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN	
14. NAME OF HUSBAND OR WIFE BETTY PARKER			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Betty Parker		ADDRESS 4907 West Pine	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable Carcinoma of Stomach	
II. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Undetermined		INTERVAL BETWEEN ONSET AND DEATH Undet.	
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR 151X			
22. I hereby certify that I attended the deceased from 6-11 , 19 51 , to 6-15 , 19 51 , that I last saw the deceased alive on 6-15 , 19 51 , and that death occurred at 6:05a m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Lorenzo W Harris M. D.		23b. ADDRESS 2601 N Whittier St	
23c. DATE SIGNED 6-15-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 6-16-51	
24c. NAME OF CEMETERY OR CREMATORY DAK DALE		24d. LOCATION (City, town, or county) (State) ST LOUIS COUNTY MO	
DATE REC'D BY LOCAL JUN 10 1951		REGISTRAR'S SIGNATURE B. Casater	
25. FUNERAL DIRECTOR'S SIGNATURE Bennie Love		ADDRESS 3103 Washington	

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.....

.....
working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed *Howard J. Hart Funeral Director*
Not Embalmed (None used)

Licensed Embalmer No.

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.