

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10409

State File No.

Registrar's No. 2829

FILED APR 12 1952

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

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

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE				b. COUNTY							
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis Mo.				c. LENGTH OF STAY (In this place)				c. CITY (If outside corporate limits, write RURAL, and give township) St. Louis							
d. FULL NAME OF HOSPITAL OR INSTITUTION 6th Market				d. STREET ADDRESS (If rural, give location) MUK				2039 OK							
3. NAME OF DECEASED (Type or Print) a. (First) James O. Parker			b. (Middle) Wm			c. (Last) Joe W. Parker			4. DATE OF DEATH (Month) (Day) (Year) 3 9 52						
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Apr-1882		9. AGE (In years) (Month) (Day) (Year) 70		10. UNDER 1 YEAR (Months) (Days)		10. UNDER 24 HRS. (Hours) (Min.)			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MUK				10b. KIND OF BUSINESS OR INDUSTRY MUK				11. BIRTHPLACE (State or foreign country) MUK				12. CITIZEN OF WHAT COUNTRY? 9			
13a. FATHER'S NAME MUK				13b. MOTHER'S MAIDEN NAME MUK				14. NAME OF HUSBAND OF WIFE MUK							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or no) (If yes, give war or dates of service) MUK				16. SOCIAL SECURITY NO. MUK				17. INFORMANT'S SIGNATURE OR NAME T.O. Taylor				ADDRESS 1300 Clark			
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.				1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Empyema; Bronchopneumonia DUE TO (c) Thruent Pericarditis								INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION T.M.A								20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR? 491X							
22. I hereby certify that I attended the deceased from _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, from the causes and on the date stated above.															
23a. SIGNATURE Rep. M. J. ...				23b. ADDRESS 1300 Clark				23c. DATE SIGNED 3/15/52							
24a. BURIAL, CREMATION, REMOVAL (Specify)				24b. DATE 3-31-52				24c. NAME OF CEMETERY OR CREMATORY Anatomical Board				24d. LOCATION (City, town, or county) (State) St. Louis, Mo.			
DATE REC'D BY LOCAL MAR 26 1952				REGISTRAR'S SIGNATURE Carl Smith				25. FUNERAL DIRECTOR'S SIGNATURE W. Rowland				ADDRESS 4604 Manchester			

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 of Mortuary College Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed *James A. Lammers*

Licensed Embalmer No. *4142*

P. O. Address *St. Louis*

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.