

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16078**
4235
Registrar's No. _____

FILED MAY 14 1953

BIRTH NO. _____ 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 township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN ST. LOUIS 2089	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. BAPTIST Hosp.			d. STREET ADDRESS (If rural, give location) 8 8532 CONCORD PLACE		
3. NAME OF DECEASED (Type or Print) a. (First) WALTER		b. (Middle) S		c. (Last) PARKER	
4. DATE OF DEATH (Month) (Day) (Year) 4-22-53		5. SEX MALE		6. COLOR OR RACE WHITE	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH 7-5-1869		9. AGE (in years last birthday) 83	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Engineer		10b. KIND OF BUSINESS OR INDUSTRY Union Electric		11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MO	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Lafayette PARKER		13b. MOTHER'S MAIDEN NAME MARY MEYER	
14. NAME OF HUSBAND OR WIFE ANNA W PARKER		15. WAS DECEASED EVER IN THE ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. —	
17. INFORMANT'S SIGNATURE OR NAME Elmer Parker		ADDRESS 6938 Harwoodale		18. CAUSE OF DEATH (Enter only one cause on lines for (a), (b), and (c))	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastrointestinal hemorrhage		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH about 2 wks	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury or complication which caused death.		ANTECEDENT CAUSES None		DUE TO (b) Cause undetermined	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 000		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Residence		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Mar 11 1953		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Falling tree & fell from ladder E9010	
22. I hereby certify that I attended the deceased from Mar 12, 1953 to Apr 22, 1953 , that I last saw the deceased alive on Apr 22, 1953 , and that death occurred at 6:00 P. M. , from the causes and on the date stated above. 21					
23a. SIGNATURE Ed Kilker M.D.		(Degree or title)		23b. ADDRESS 3121 N Grand	
23c. DATE SIGNED 4-24-53		24a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial		24b. DATE 4/25/53	
24c. NAME OF CEMETERY OR CREMATORY Bellefontaine		24d. LOCATION (City, town, or county) (State) St Louis Mo		DATE REC'D BY LOCAL REG. APR 24 1953	
REGISTRAR'S SIGNATURE Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE A. M. L. & H. Co		ADDRESS 2707 St Louis	

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 M. W. Ruster

Licensed Embalmer No. 4865

P. O. Address St Louis Mo.

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.