

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

33842

State File No.

FILED SEP 24 1953

318

1003

Registrar's No. 8479

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

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, Mo.		c. CITY OR TOWN St. Louis, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute To City Hospital		e. STREET ADDRESS (If rural, give location) 23 2837 Lafayette	

3. NAME OF DECEASED (Type or Print) a. (First) ROBERT b. (Middle) PARKS c. (Last) SR.			4. DATE OF DEATH (Month) (Day) (Year) August 31, 1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 11, 1889	9. AGE (In years) (If under 1 year: Months) (If under 12 mos.: Days) (Hours) (Min.) 64	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Machinist		10b. KIND OF BUSINESS OR INDUSTRY Machine Operator		11. BIRTHPLACE (City and State or Foreign Country) Charleston, Missouri	

13a. FATHER'S NAME Milton K. Parks.		13b. MOTHER'S MAIDEN NAME Unk. Barnes		14. NAME OF HUSBAND OR WIFE Oma Parks	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Oma Parks, 2837 Lafayette, St. Louis, Mo	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		II. OTHER SIGNIFICANT CONDITIONS _____			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Aortic Regurgitation DUE TO (c) Cardiac Hypertrophy			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4343	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased dying on _____, 19____, and that death occurred at **9:15A** m., from the causes and on the date stated above.

23a. SIGNATURE Patrick E. Lyle Carmel (Degree or title)		23b. ADDRESS 1300 Clark Ave.		23c. DATE SIGNED 8/31/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Sept. 1, 1953		24c. NAME OF CEMETERY OR CREMATORY New Madrid Cemetery	
				24d. LOCATION (City, town, or county) (State) New Madrid, Missouri	

DATE REC'D BY LOCAL REG. SEP 1 1953		REGISTRAR'S SIGNATURE J. Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McLaughlin's, 2301 Lafayette, St. Louis, Mo.	
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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.....
Signature of Student Embalmer

Signed.....
H. G. Jarvis

Licensed Embalmer No. *22*

P. O. Address *230 Lafayette*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.