

FILED NOV 22 1954

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39476**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541** Registrar's No. **2402**

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) CLAYTON		c. CITY OR TOWN WEBSTER GROVES d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) 1 Hr.		STREET ADDRESS (If rural, give location) 805 EAST BIG BEND BLVD	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hosp.			

3. NAME OF DECEASED (Type or Print) Peter	a. (First)	b. (Middle) L.	c. (Last) Parker	4. DATE OF DEATH (Month) (Day) (Year) 10 - 13 - 54
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH SEPT. 1, 1934	9. AGE (In years last birthday) (Month) (Day) (If under 1 year) 20	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STUDENT	10b. KIND OF BUSINESS OR INDUSTRY SCHOOL	11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME John I. Parker	13b. MOTHER'S MAIDEN NAME Ruth E. Barkof	14. NAME OF HUSBAND OR WIFE NONE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO.	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME John I. Parker	ADDRESS 805 E. Big Bend Bl.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 HRS.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Concussion, Contusion and Laceration.		
ANTECEDENT CAUSES		DUE TO (b) TRAUMATIC SKULL FRACTURE	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) ACCIDENT	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) School - FRAT. House Clayton	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 117 St. Louis, MO
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10 - 13 - 54 3:25P	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fall retrieving a football
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22. I hereby certify that I attended the deceased from **10-13**, 19**54**, to **10-13**, 19**54**, that I last saw the deceased alive on **10-13**, 19**54**, and that death occurred at **4:50 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Wm. G. Woubek M.D.	23b. ADDRESS 601 So Brentwood	23c. DATE SIGNED 10-13-54
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24a. BURIAL, CREMATION, OR REMOVAL (Specify) REMOVAL	24b. DATE OCT 16 1954	24c. NAME OF CEMETERY OR CREMATORY BELLEFONTAINE CEM.	24d. LOCATION (City, town, or county) (State) St. Louis, Mo -
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DATE REC'D BY LOCAL REG. 10/14/54	REGISTRAR'S SIGNATURE Wheeler R. ...	25. FEDERAL DIRECTOR'S SIGNATURE ...	ADDRESS 31 E. Big Bend Webster Groves 19 270
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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 *Paul E. Hoffmann*.....

Licensed Embalmer No. *420*.....

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