

STANDARD CERTIFICATE OF DEATH

State File No. **13761**
3153

FILED APR 18 1955

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) St Louis		c. CITY OR TOWN St Louis	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 25 yrs.		e. STREET ADDRESS (If rural, give location) 6254 Walsh	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 6254 Walsh			

3. NAME OF DECEASED (Type or Print) a. (First) Eva b. (Middle) J c. (Last) Parker		4. DATE OF DEATH (Month) (Day) (Year) Apr 6, 1955	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH May 3, 1870
9. AGE (In years last birthday) 84		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	11. BIRTHPLACE (City and State or Foreign Country) Mississippi
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Tobe Jenkins	

13b. MOTHER'S MAIDEN NAME not known		14. NAME OF HUSBAND OR WIFE Frank B Parker (deceased)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME Hillie Parker		ADDRESS 6254 Walsh	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 2 days Unknown	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4201	

22. I hereby certify that I attended the deceased from Jan 1953 to 4/6, 1955, that I last saw the deceased alive on 4/6, 1955, and that death occurred at 4:00P m., from the causes and on the date stated above.

23a. SIGNATURE Victor K. Hooper		(Degree or title) _____		23b. ADDRESS 41922 Harrison	
23c. DATE SIGNED 4/7/55					

24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 4/19/55		24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory	
24d. LOCATION (City, town, or county) (State) St Louis County Mo.					

DATE REC'D BY LOCAL REG. APR 8 1955		REGISTRAR'S SIGNATURE J. L. Ziegenhein		25. FUNERAL DIRECTOR'S SIGNATURE J L Ziegenhein & Sons	
				ADDRESS 7027 Gravois	

WRITE PLAINLY—USING UNFAADING 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.....
C. P. Kidwell

Licensed Embalmer No. *397*

P. O. Address *7027 Gray*

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.