

FILED DEC 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43651

STATE FILE NUMBER 11280

318

1003

Registrar's No.

Registration District No. Primary Registration District 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, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Incarnate Word Hosp. D.O.A.				Length of stay in lb		STREET ADDRESS (If outside, give location) 1930 Louisiana	
3. NAME OF DECEASED (Type or print) First DAVID Middle E. Last PARKS				4. DATE OF DEATH Month 12 Day 8 Year 1956			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Nov. 1, 1890	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Elec. Supply		11. BIRTHPLACE (City and state or country) Middleton, Ohio		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Parks				14. MOTHER'S MAIDEN NAME Unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 1912		16. SOCIAL SECURITY NO. —		17. INFORMANT Wife Address Caroline Parks 1930 Louisiana Ave.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypotension DUE TO (b) Arterio Sclerosis DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 450.0				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION St. Louis, Mo.			COUNTY STATE
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 10:25 A. m on the day stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE James M Kelly Deputy Coroner				22b. ADDRESS 1300 Clark		22c. DATE SIGNED 12.10.56	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 12/11/56		23c. NAME OF CEMETERY OR CREMATORY S.S. Peter & Paul		23d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
24. FUNERAL DIRECTOR E. J. Schnur 3125 Lafayette Ave.			25. DATE RECD. BY LOCAL REG. DEC 10 1956		26. REGISTRAR'S SIGNATURE Carl Smith mo		

(Licensed Embalmer's Statement on Reverse Side)

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any standard nomenclature in item 18. No symptoms will be noted. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.....
Jose Vollmer

Licensed Embalmer No. 40

P. O. Address 3025 Lafayette

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.