

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22794

FILED JUL 11 1957

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 6141	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE _____ b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		c. LENGTH OF STAY (In this place) _____		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"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 2117^a Eugene ST.				e. STREET ADDRESS (If rural, give location) 22702117^a Eugene ST.			
3. NAME OF DECEASED (Type or Print) a. (First) SIE		b. (Middle) _____		c. (Last) PARKER		4. DATE OF DEATH (Month) (Day) (Year) 6-28-1957	
5. SEX M		6. COLOR OR RACE NEGRO		7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) SEP.		8. DATE OF BIRTH Jan 18 1877	
9. AGE (In years last birthday) 80		IF UNDER 1 YEAR Months _____ Days _____		IF OVER 1 YR. Hours _____ Min. _____		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Miss.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME DAN PARKER		13b. MOTHER'S MAIDEN NAME MARY ?		14. NAME OF HUSBAND OR WIFE MARY PARKER.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS CLARA JONES 2117^a Eugene			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage 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) Hypertension				INTERVAL BETWEEN ONSET AND DEATH 4 days 2 yrs 5 1/2 yrs	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 331x				20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" 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? _____			
22. I hereby certify that I attended the deceased from Aug 20 1957 to June 27 , 1957, that I last saw the deceased alive on June 27 , 1957, and that death occurred at 11:00 p.m. (from the causes and on the date stated above).							
23a. SIGNATURE (Degree or title) J.S. Jones				23b. ADDRESS 2117^a Eugene		23c. DATE SIGNED July 1, 1957	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE July 5/57		24c. NAME OF CEMETERY OR CREMATORY Greenwood Park		24d. LOCATION (City, town, or county) (State) St. Louis MO	
DATE REC'D BY LOCAL REG. JUL 2-57		REGISTRAR'S SIGNATURE Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS F.A. Green 4214 DELMAR.			

(Licensed Embalmer's Statement on Reverse Side)

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 *J. A. Green*

Licensed Embalmer No. *296*

P. O. Address *4214 Delmar*

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.