

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020553
STATE FILE NUMBER

FILED MAY 26 1958 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1213

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, give TOWNSHIP only) OR TOWN Hanley Gardens		c. CITY OR TOWN Hanley Gardens	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 7219 Teal		d. STREET ADDRESS (If outside, give location) 7219 Teal	
Length of stay in 1b 6 Yrs.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) John Roy Parker			4. DATE OF DEATH May 16 1958		
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 Jan 10 1891	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Baker		10b. KIND OF BUSINESS OR INDUSTRY Baker	11. BIRTHPLACE (City and state or country) Pike County Mo, U		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William L. Parker			14. MOTHER'S MAIDEN NAME Mary Allison		
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. 487-38-1961	17. INFORMANT Rose Pearl Parker Address 7219 Teal		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ARTERIOSCLEROTIC HEART DISEASE		INTERVAL BETWEEN ONSET AND DEATH years
DUE TO (b) MYOCARDIAL INFARCTION		Immediate
DUE TO (c) 4200		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.)
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	COUNTY STATE

21. I attended the deceased, from **Nov 1957** to **May 16, 58** and last saw **him** alive on **Nov 1957**
Death occurred at **4:30 P. m** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Type or title) Waverly M. Foreman MD	22b. ADDRESS St Louis 8 Mo	22c. DATE SIGNED MAY 17 1958
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE May 16 1958	23c. NAME OF CEMETERY OR CREMATORY Local Cem.
23d. LOCATION (City, town, or county) Louisiana	(State) Mo.	

24. FUNERAL DIRECTOR Sterne Mortuary, Louisiana Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 5/17/58	26. REGISTRAR'S SIGNATURE Herbert R. Dombke MD
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(Licensed Embalmer's Statement on Reverse Side)

health, Welfare Public Service
300 1-56
4009
All symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Dr. Warren Joubert
457 70 Kings Highway
70 1-3116

8961 08 NRP

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. B. Sterne*

Licensed Embalmer No. *403*

P. O. Address *Louisiana*

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.