

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-007522

STATE FILE NUMBER

2 1117

FILED FEB 17 1959 Registration District No. Primary Registration District No. Registrar No.

300
1-57
26
92
0

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		c. CITY OR TOWN St. Louis	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 3 St. L. City Hospital		d. STREET ADDRESS (If outside, give location) 4115 Turner Avenue	
Length of stay in lb D.O.A.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Ray Middle C Last Parker			4. DATE OF DEATH Month January Day 30 Year 1959		
5. SEX Male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 13, 1944	9. AGE (In years last birthday) 15	IF UNDER 1 YEAR Months Days 6
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY Beaumont High School	11. BIRTHPLACE (City and state or country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Roy C. Parker		13b. MOTHER'S MAIDEN NAME Vada Inman		14. NAME OF HUSBAND OR WIFE Never Married	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. none	17. INFORMANT Roy A. Parker, 4115 Turner Avenue		

18. CAUSE OF DEATH (Enter only one cause on line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Gunshot wound of the heart**

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS (a) **919.0 19**
supposedly a bullet shot into his hands of one William

20a. ACCIDENT SUICIDE HOMICIDE
20b. TIME OF INJURY
8:40 p.m. 1 30 59 30, 1959.

20c. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
091 Home

20d. CITY, TOWN, OR LOCATION
St Louis Mo.

21. I attended the deceased from _____ and last saw her alive on _____
Death occurred at **855 p.m.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Deputy) **Raymond J. [Signature]**

22b. ADDRESS **1300 Clark**

22c. DATE SIGNED **2/2/59**

23a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

23b. DATE
Feb. 1, 1959

23c. NAME OF CEMETERY OR CREMATORY
Marble Creek Cemetary

23d. LOCATION (City, town, or county) (State)
Ironton Missouri

24. FUNERAL DIRECTOR
Math Hermann & Son, Inc. 2161 E. Fair Av

25. DATE RECD. BY LOCAL REG.
FEB 1 '59

26. REGISTRAR'S SIGNATURE
Earl Smith, M.D.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *St. Louis* *St. Louis Mo.*

Licensed Embalmer No. *3737*

P. O. Address *St. Louis Mo.*

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.