

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **6590**

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Length of stay in 1b **61 yrs.**
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Incarinate Word Hospital** Inside Limits Yes No
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY _____
c. CITY OR TOWN **St. Louis** Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) **3500 South Jefferson** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **ARTHUR** Middle **CHARLES** Last **PARKER** 4. DATE OF DEATH Month **July** Day **12** Year **1961**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **7/15/199** 9. AGE (last birthday) **61** IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HR Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Shipping Clerk** 10b. KIND OF BUSINESS OR INDUSTRY **Relig. Publications** 11. BIRTHPLACE (City and state or country) **St. Louis, Missouri** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **Joseph Parker** 13b. MOTHER'S MAIDEN NAME **Caroline Mager** 14. NAME OF HUSBAND OR WIFE **Grace McKinney Parker**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** 17. INFORMANT **Mr. Walter J. Parker, 155 Birch, Times Bee, Eureka, Mo.** Address _____

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**
DUE TO (b) **Primary Anaemia, Undifferentiated (Myeloid Metaplasia)**
DUE TO (c) _____
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **420.0** PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 **7-8-61** to **7-12-61** and last saw her/him alive on **7-12-61**. Death occurred at **6:15 P.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title) **Joseph E. Carney MD** 22b. ADDRESS **906 Olive St** 22c. DATE SIGNED **7-17-61**

23a. BURIAL, CREMATION, REMOVAL (specify) **Burial** 23b. DATE **July 15, 1961** 23c. NAME OF CEMETERY OR CREMATORY **Concordia Cemetery** 23d. LOCATION (City, town, or county) (State) **St. Louis, Missouri**

24. FUNERAL DIRECTOR ADDRESS **Beiderwieden F.H.Inc., 1936 St.Louis (6)** 25. DATE RECD. BY LOCAL REG. **JUL 15 1981** 26. REGISTRAR'S SIGNATURE **Earl Smith, M.D.**

DATE AMENDED _____
INSTEAD OF _____
DOCUMENT _____
MEDICAL CERTIFICATION _____
SHOULD READ _____
ITEM NO. _____
BY AFFIDAVIT OF _____

Daily 8-20

3601-280 Jefferson

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 *[Signature]*

Licensed Embalmer No. 4522

P. O. Address *[Signature]*

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.