SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

TMENT OF PUBLIC HEALTH AND WELFARE

-61-046731
STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11476

FILED DEC 18 1961

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b: 2 Weeks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: De Paul Hospital
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: Ferguson
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): # 5 Darst Rd.
Reside on Farm: Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First: Stephan Middle: H.B. Last: Parker
4. DATE OF DEATH: Month: December Day: 8 Year: 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 8/18/1886
9. AGE (last birthday): 75
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): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Tool & Die Maker
11. BIRTHPLACE (City and state or country): Chicago, Ill.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Stephan Parker
13b. MOTHER'S MAIDEN NAME: Katherine Olson
14. NAME OF HUSBAND OR WIFE: Loretta Parker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
17. INFORMANT: Loretta Parker Address: # 5 Darst Ferguson Mo.

MEDICAL CERTIFICATION

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: 5 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 420 OH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Carcinoma of prostate
PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
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 Sept 18, 61 to 12-8-61 and last saw ~~her~~ him alive on 12-7-61
Death occurred at 5 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: [illegible] (Degree or title): M.D.
22b. ADDRESS: Ferguson Mo
22c. DATE SIGNED: 12-8-61
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 12/11/1961
23c. NAME OF CEMETERY OR CREMATORY: Laurel Hill Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis County Mo.
24. FUNERAL DIRECTOR ADDRESS: White-Mullen Mortuary, Inc. Ferguson Mo.
25. DATE RECD. BY LOCAL REG.: DEC 9 1961
26. REGISTRAR'S SIGNATURE: Hazel Smith, M.D.

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

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_____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. 3395

P. O. Address _____

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.