MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

28412

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 8292

City St. Louis, (No. St. Johns Hospital St. ..... Ward)

2. FULL NAME Samuel J. Parks

(a) Residence. No. #6828 Smiley Ave 3 Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret Parks

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jany 4 - 1866.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	64	7.	13.	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Auditor
(b) General nature of industry, business, or establishment in which employed (or employer) Wabash R.R.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis, (STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Unknown. Parks

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland.

12. MAIDEN NAME OF MOTHER Margaret Kilpatrick

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland.

14. INFORMANT Mrs Margaret Parks
(Address) #6828 Smiley Ave.

15. FILED AUG 20 1930 19 Max C. Stamer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 17th 1930.

17. I HEREBY CERTIFY, That I attended deceased from Aug 13th, 1930, to Aug 17, 1930 that I last saw him alive on Aug 17th, 1930, and that death occurred, on the date stated above, at 7. P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
PC
1113

(duration) yrs. 1 mos. + ds.

CONTRIBUTORY (SECONDARY): Hypostatic Pneumonia #103

(duration) yrs. mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? History and Physical signs

(Signed) A. P. Munsch, M. D.

Aug 18, 1930 (Address) 306 Humboldt Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Valhalla Crem.	8-20-1930.

20. UNDERTAKER	ADDRESS
D. R. Lupton	Street, Olive #4449

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Humboldt Bldg.