

DEC 13 1937

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

39249
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791 / 1003 /**
 (b) Township Primary Registration District No. Registered No. **10236**
 (c) City St. Louis, Mo. (d) Street No. City Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Everett Parham.

(a) Residence, No. 1304 Montgomery Street. St. **26** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lucille Parham

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 29th 1903

7. AGE YEARS 34 MONTHS 7 DAYS 2 IF LESS than day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jonesbaro, Ark.

FATHER 13. NAME Thomas Parham

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER 15. MAIDEN NAME Allie Hale

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT Mrs. Lucille Parham
 (ADDRESS) 1304 Montgomery Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Jonesbaro, Ark. DATE Nov. 3rd 1937

19. FUNERAL DIRECTOR My Reider Mtd. Co.
 (ADDRESS) 1417 W. Market Street.

20. FILE NO. NOV 3 1937 J. T. Bredeck
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 31st 1937

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....

I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at 7:30 A. m.

The principal cause of death and related causes of importance were as follows:

Fracture of skull, laceration and hemorrhage of brain, Fracture of both legs, and general lacerations of unknown automobile driver by unknown driver in front of about 8.24 N. Broadway about 11:30 P.M. October 31st 1937

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? homicide Date of injury Oct. 31, 1937

Where did injury occur? St. Louis, Mo.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury see above

Nature of injury see above

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) Alfred J. Perry M. D.

(Address) Deputy Coroner

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.

91 227 213

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No. or by, Registered Apprentice No.
working under my personal supervision.

Signed.....

Carl H. Siedler

Licensed Embalmer No.

2256

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.)