

REC'D APR 12 1939

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

8651
Do not use this space.

1. PLACE OF DEATH

(a) County 3 Registration District No.
(b) Township 2 Primary Registration District No. Registered No. 2416
(c) City St. Louis, Mo. (d) Street No. En route City Hospital #1 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME 622 Ernest W. Parkes

(a) Residence, No. Topeka, Kansas St. NR
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edith Parkes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
Abt. 65 --- --- ---

OCCUPATION 8. Trade, profession, or particular kind of work done, as Traveling
9. Industry or business in which work was done, as Salesman
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) Unknown

FATHER 13. NAME Unknown

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

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Coroner's Office
1300 Clark Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Topeka Kas DATE 3/14 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fennwell Und. Co.
Topeka, Kansas

20. FILED MAR 14 1939 J. J. Brudick Local Registrar.

NONMEDICAL CERTIFICATE OF ATTENDANCE

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/13/39 19

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 2:10 P.M.

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

Chloroform Poisoning
Self-administered in his
apartment # 659 Warrumck
St. Louis, March 13th 1939
Cause unknown

Other contributory causes of importance:
163

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury, 3/13/1939

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.
In Public Place

Manner of injury..... See Above
Nature of injury.....

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

If so, specify.....
(Signed) J. J. Brudick, M. D.
(Address) Topeka, Kas

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.

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Francis J. Gwend*

Licensed Embalmer No. *2245*

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 this body is not embalmed, above space should be left blank.