

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

SEP 14 1939

791
1003

Registration District No.

Primary Registration District No.

State File No.

Registrar's No.

7103

1. PLACE OF DEATH:

(a) County St Louis mo.
(b) City or town _____
(c) Name of hospital or institution: PARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days
In this community 29 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town ST. LOUIS [2]
(If outside city or town limits, write "RURAL")
(d) Street No. 3101 LALEDE
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME

JOHN WESLEY PARKER

3. (b) If veteran, name war _____

3. (c) Social Security No. 335-10-4982

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 12 year 1939 hour 7 minute A M.

21. I hereby certify that I attended the deceased from 8-7, 1939, to 8-12, 1939 that I last saw him alive on 8-12, 1939 and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race Negro

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Alberta Parker

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased March, 1881
(Month) (Day) (Year)

8. AGE: Years 58 Months 5 Days - If less than one day _____ hr. _____ min.

9. Birthplace Sherman, Texas
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer (American Steel)

11. Industry or business _____

12. Name Charles Parker

13. Birthplace Sherman, Texas
(City, town, or county) (State or foreign country)

14. Maiden name Annie Boyd

15. Birthplace Sherman, Texas
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Alberta Parker
(b) Address 3903 West Belle Place

17. (a) Burial on Park Date thereof Aug 16, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Chas. J. Gales
(b) Address 4107 Finney Avenue

19. (a) AUG 15 1939 (b) J. F. Braddock
(Date received local registrar) (Registrar's signature)

Immediate cause of death _____ Duration _____

cardiac failure

Due to mastoiditis meningitis toxipneumonia
Brain abscess, due to

Due to Mastoiditis

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations Brain abscess
left temporal lobe

Of autopsy _____

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. F. Braddock (M. D. or other) _____

Address PARNES HOSPITAL Date signed _____

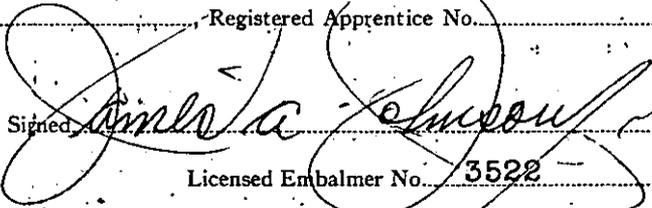
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

James A. Johnson

working under my personal supervision.

Registered Apprentice No.....

Signed .....

Licensed Embalmer No. 3522

P. O. Address 4107 Pinney Avenue

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.