

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

6459
Do not use this space.

DIED MAR 11 1940

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 1035
 (b) Township Current Primary Registration District No. 5371 Registered No. _____
 (c) City St. Louis (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (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. ds.

2. PRINT FULL NAME Ronald Lee Parke

(a) Residence, No. _____ St. (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Inf.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 14 - 40

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 4 hrs. or 30 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 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) Montauk Mo

FATHER

13. NAME Ronald Parke
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

MOTHER

15. MAIDEN NAME Fay Shelburne
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montauk Mo

17. INFORMANT (ADDRESS) Vester J. Halland Montauk Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Wattson Cem. DATE 2-15-40

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Frank 744

20. FILED 2/14 1940 J. A. Mesrobian Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 14 1940

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 8:12 a.m.

The principal cause of death and related causes of importance were as follows:
Very Small - Premature Date of onset _____

Other contributory causes of importance: 159

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19____
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
 If so, specify.....
 (Signed) K. R. Randall, M. D.
 (Address) Licking Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS 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.

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.

RECEIVED

District Health Officer No. 5;

Signed.....

District File Number 340 287

Licensed Embalmer No.....

..... 3840

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.