

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County City of St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1242 Temple Place **2**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community Unknown **?** (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Charles W. Parker Dr. **626**

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex <u>Male</u>	5. Color or race <u>White</u>	6. (a) Single, widowed, married, divorced <u>Married</u>
6. (b) Name of husband or wife <u>Otillia</u>	6. (c) Age of husband or wife if alive <u>36</u> years	
7. Birth date of deceased <u>8</u> (Month) <u>17</u> (Day) <u>1866</u> (Year)		

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>11</u>	<u>15</u>	_____ hr. _____ min.

9. Birthplace Waterloo Alabama
 (City, town, or county) (State or foreign country)

10. Usual occupation Physician

11. Industry or business _____

MOTHER FATHER { 12. Name William C. Parker
 13. Birthplace Waterloo Alabama
 (City, town, or county) (State or foreign country)
 14. Maiden name Rebecca Long
 15. Birthplace Waterloo Alabama
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Otillia Parker

(b) Address 1242 Temple Place

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/5/40
 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director W. J. Brudack

(b) Address 6633 Clayton Road

19. (a) AUG 4 1940 (Date received local registrar) W. J. Brudack (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County City of St. Louis
 (c) City or town St. Louis **5**
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1242 Temple Place
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 2nd,
 year 1940 hour 8 minute 45 A.M.

21. I hereby certify that I attended the deceased from June 28 1938, to Aug 2 1940
 that I last saw him alive on Aug 1 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis **4 days**
cause by
 Due to Hypertension **3 yrs.**

Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: 930
 Of operations _____
 Of autopsy _____

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) (c) Means of injury _____

23. Signature Solomon Cameron (M. D. or other) **1**
 Address 508 N. Grand Blvd Date signed 8/2/40

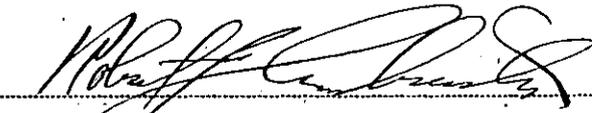
Duration
4 days
3 yrs.
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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 

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

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