

FILED OCT 10 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. **33122**Registration District No. **784**Primary Registration District No. **109**Registrar's No. **1734**

1. PLACE OF DEATH:

(a) County **St. Louis**
 (b) City or town **Maplewood**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2851 Laclede Rd.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **none** **2**
 (Specify whether)

In this community _____
 years, months or days)

8. (a) PRINT FULL NAME **Cristopher D. Parkin**

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

4. Sex **M** 5. Color or race **W**
 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Estelle Parkin**
 6. (c) Age of husband or wife if alive **75** years

7. Birth date of deceased **Feb. 24, 1856**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 **6** **17** hr. min.

9. Birthplace **Palmer, Missouri**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

MOTHER FATHER
 { 12. Name **William Parkin**
 { 13. Birthplace **England**
 (City, town, or county) (State or foreign country)
 { 14. Maiden name **Mary Blunt**
 { 15. Birthplace **Missouri**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Jessie Paul**
 (b) Address **636 County Hills**

17. (a) **Burial** (b) Date thereof **9-13-1940**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Potosi, Missouri**18. (a) Signature of funeral director **Jay B. Smith**(b) Address **7456 Manchester**

19. (a) **SEP 13 1940** (b) *[Signature]*
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
 (c) City or town **Maplewood**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **2851 Laclede Rd.**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **11**
 year **1940** hour **7** minute **30 A. M.**

21. I hereby certify that I attended the deceased from **not at all.**
 _____, 19____, to _____, 19____;
 that I last saw him alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary thrombosis 1 day
(Oked by Carquer)
and aortic aneurysm 3 yrs.

Due to **920**

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

Major findings:

Of operations _____
 Of autopsy _____

Duration

PHYSICIAN

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?

707
 While at work? _____ (Specify type of place)
 (a) Means of injury _____

23. Signature *[Signature]* (M. D. or other)
 Address **2901 Big Bend Pl.** Date signed **9/12/40**

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

2
0-39
39
21492

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 H. P. Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.