

1001
S. No. 2
1-4-13-40
v. 5-17-39
I X239

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

FEB 25 1941 791

Registration District No.

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township).
(c) Name of hospital or institution: St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days (Specify whether
In this community 10 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County..... 100
(c) City or town St. Louis 117
(If outside city or town limits, write "RURAL")
(d) Street No. 7408 So. Levee Street 9
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.?..... years.

3. (a) PRINT FULL NAME Munson Parker

3. (b) If veteran, name war SS 496-14-4755 none
3. (c) Social Security No. Unknown

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife AMELIA 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased August 8, 1871
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	69	5	21 hr. min.

9. Birthplace Seventy Six, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Unemployed

12. Name John Parker

13. Birthplace Seventy Six, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary J. Ryan

15. Birthplace Seventy Six, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Clide H. Grad

(b) Address 1825 Rutger

17. (a) Removal (b) Date thereof Feb 1-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Seventy Six, Missouri

18. (a) Signature of funeral director W. M. ...

(b) Address 2301 Lafayette Avenue

19. (a) JAN 30 1941 (b) J. T. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 29,
year 1941 hour 1:45 minute P. M.

21. I hereby certify that I attended the deceased from January 27, 19 41 to January 29, 19 41,
that I last saw him alive on January 29, 19 41,
and that death occurred on the date and hour stated above.

Immediate cause of death hemiparesis & chronic glomerulonephritis

Due to.....
Due to..... 131

Other conditions hypertension & sclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy Refused

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?

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

23. Signature R. J. Maxwell (M. D. or other) 1/29/41
Address 1515 Lafayette Avenue 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.....

..... Registered Apprentice No.

working under my personal supervision.

Signed Paul A. Keith

Licensed Embalmer No. 3612

P. O. Address 2317 Lafayette

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, fact should be so stated above.