V. S. No. 2
0M—5-42
ev. 5-17-39
P I X32233

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16459

ED MAY 27 1943

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 44660

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL," and name of township)
(c) Name of hospital or institution: 6530 Fyler ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 3
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6530 Fyler ave.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME SAMUEL H. PARKER

3. (b) If veteran, name war NONE

3. (c) Social Security No. 441-14-9090

4. Sex Male

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased December 10, 1868 (Month) (Day) (Year)

8. AGE: Years 74 Months 5 Days 2 If less than one day hr. min.

9. Birthplace Buffalo Co. (City, town, or county) Iowa (State or foreign country)

10. Usual occupation Moving Picture Operator

11. Industry or business

FATHER
12. Name William E. Parker
13. Birthplace West Virginia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Louie Bernleher
15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Lillian Parker Lilian Parker
(b) Address 6530 Fyler ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 15, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Lebanon Cem.

18. (a) Signature of funeral director C. Hoffmeister U.&L.Co.
(b) Address 7814 S. Broadway

19. (a) MAY 13 1943 (Date received by local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13 year 1943 hour 9 minute 22 A. M.

21. I hereby certify that I attended the deceased from June 7, 1941, to May 12, 1943; that I last saw him alive on May 12/43, 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cancer of bile ducts.	8 mo.
Due to:	
Due to:	
Other conditions: Pre pyloric peptic ulcer (Include pregnancy within 3 months of death)	?

Major findings:
Of operations
Of autopsy

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

23. Signature Albert R. Taussig (M. D. or other) M.D.
Address 4500 Olive St. St Louis Date signed 5/12/43

(Licensed Embalmer's Statement on Reverse Side)

Dr. Al. Taussig 4500 Olive st. Fo 3800

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 comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.