

7. S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

36278

State File No.

Registration District No. 15 1948

Primary Registration District No. 100

Registrar's No. 10446

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

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:
Missouri Pacific Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
In this community 16 years 0 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Willie Parker

3. (b) If veteran, name war World War 2

3. (c) Social Security No.

4. Sex Male

5. Color or race Col

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

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

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased Dec 8th 1907
(Month) (Day) (Year)

8. AGE: Years Months Days 36 11 27
35 If less than one day hr. min.

9. Birthplace Memphis Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

MOTHER, FATHER {

12. Name Edgar Parker

13. Birthplace Memphis Tenn
(City, town, or county) (State or foreign country)

14. Maiden name Alice Smith

15. Birthplace Memphis Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Parker

(b) Address 3028a Clark Ave

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 12-8-44
(Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery, St. Louis

18. (a) Signature of funeral director Ellis Funeral Home

(b) Address 2320 Stoddard St

19. (a) DEC 7 1944 (Date received local registrar)

J. J. Budeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

(c) City or town St Louis (If outside city or town limits, write "RURAL")

(d) Street No. 3028a Clark Ave (If rural, give location)

(e) Citizen of foreign country? ✓ (Yes or No)

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 3
year 1944 hour 7 minute 05 P. M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;

that I last saw h..... alive on....., 19.....;

and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, left side, post-
myocardial infarction, with
a fatal embolus from one fragment
of a cast separator from one fragment
of a cast separator which was in a
dimple and up bridge slope of
the casting the weight of the separator
to be against the diaphragm

Other conditions at Miss. Pacific Freight Lines
707 Poplar St. approx 10:15 AM
Nov. 9 & 1944

Major findings of operation None

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) Accident

(b) Date of occurrence Nov 9 & 1944

(c) Where did injury occur? St. Louis
(City or town) (County) (State)

Where did injury occur in or about home, on farm, in industrial place, in public place?
Industry
(Specify type of place)

While at work yes (a) Means of injury cast separator

Signature Willie Parker (M. D. or other)

Address St. Louis Date signed 12/7/44

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 Fulton E. Culkin

Licensed Embalmer No. 4198

P. O. Address 1215 Jones St Harris 13 Mo

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.