S. No. 2
M—8-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 3 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4681

Registration District No. 818 | Primary Registration District No. 1003 | Registrar's No. 1384

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: 3617 Missouri 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 10 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 3617 Missouri Ave. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John R. Parker
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex male
5. Color or race wh
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Margret Parker
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 13 (Day) 1869 (Year)
8. AGE: Years 75 Months 8 Days 28 If less than one day hr. min.
9. Birthplace Mo. (City, town, or county) (State or foreign country)
10. Usual occupation none
11. Industry or business none
12. Name robert (FATHER)
13. Birthplace Mo. (City, town, or county) (State or foreign country)
14. Maiden name Unknown (MOTHER)
15. Birthplace Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Anna Grimm
(b) Address 3617 Missouri Ave
17. (a) Calvary Cem. (Burial, cremation, or removal) (b) Date thereof 2/14/45 (Month) (Day) (Year)
(c) Place: burial or cremation Calvery Cem.
18. (a) Signature of funeral director Fendler Und. Co.
(b) Address 7420 Michigan Ave.
19. (a) FEB 12 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 10 year 1945 hour 3 minute 45 P.M.
21. I hereby certify that I attended the deceased from April 20 1942 to Feb 10 1945 that I last saw him alive on Feb 10 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration
Due to Hypertension
Due to Myocarditis & Hypertrophy of Ventricle
Other conditions (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 C. E. Mueller (M. D. or other)
Address 3537 S. Jefferson Date signed 2/10/45

(Licensed Embalmer's Statement on Reverse Side)

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 Warren A. Carver

Licensed Embalmer No. 3534

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.