

No. 2  
2-45  
17-39  
X47070

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42815**

**FILED DEC 17 1948**

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10326**

1. PLACE OF DEATH:

(a) County **St. Louis Mo.**  
(b) City or town **St. Louis Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Lutheran Hos'p**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **less than 1 day**  
(Specify whether  
In this community **abt 35 years**  
years, months or days)

3. (a) PRINT FULL NAME **Charles Homer Parks**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

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

6. (b) Name of husband or wife **Lily Meyer Parks** 6. (c) Age of husband or wife if alive **54** years

7. Birth date of deceased **August, 18 1887**  
(Month) (Day) (Year)

8. AGE: Years **59** Months **3** ~~15~~ ~~10~~ If less than one day hr. min.

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

10. Usual occupation **Painter**

11. Industry or business

12. Name **Homer Parks**

13. Birthplace **U.S.A.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Lily**

15. Birthplace **U.S.A.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Lily Parks**

(b) Address **4963 Magnolia**

17. (a) **Burial** (b) Date thereof **12/5/46**  
(Place of interment) (City or town) (County) (State) (Month) (Day) (Year)

(c) Place: burial or cremation **Okla**

18. (a) Signature of funeral director **W. R. Berg**

(b) Address **4356 Lindell Blvd**

19. (a) **DEC 3 1948** (b) **J. F. Bredek**  
(Date received local) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4963 Magnolia**  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** day **3** / **46**  
year hour **2** minute **30** A.M.

21. I hereby certify that I attended the deceased from **12/3/46** to **12/5/46**  
that I last saw him alive on **12/3/46**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion**

Due to

Due to **94 W**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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? **R. Berg** (Specify type of place) (e) Means of injury

23. Signature **R. Berg** (M. D. or other)

Address **2243 Webster** Date signed **12/3/46**

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Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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**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. *4053*

P. O. Address *St Louis 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.**