

Registration District No. 318

Primary Registration District No.

State File No.

Registrar's No.

213

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
S. O. Bell
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
60 years (Specify whether
 In this community.....
 years, months or days)

3. (a) PRINT FULL NAME GEORGE E. PARKER3. (b) If veteran,
name war. None3. (c) Social Security No.
348-05-3108

4. Sex Male 2
 5. Color or race Col.
 6. (a) Single, widowed, married,
 divorced. M / v
 6. (b) Name of husband or wife.....
Alma Parker
 6. (c) Age of husband or wife if
 alive.....
54 years
 7. Birth date of deceased.....
September 12, 1886
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>3</u>	<u>26</u>	hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Laborer11. Industry or business Sunset Country Club12. Name George Edward Parker a13. Birthplace.....
Unknown
(City, town, or county) (State or foreign country)14. Maiden name Josephine Grey15. Birthplace.....
St. Louis Missouri
(City, town, or county) (State or foreign country)16. (a) Informant Eunice McDuffy(b) Address 3506 Bell Ave.17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof.....
1-12-48
(Month) (Day) (Year)(c) Place: burial or cremation Washington Park18. (a) Signature of funeral director Allen Dwyer(b) Address 3506 Franklin Ave.19. (a) JAN 8 1948
(Date received local registrar) (b) [Signature]
(Registrar's signature)

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3506 BELL Avenue 9
21 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 8
year 1948 hour 3 minute 5 A.M.21. I hereby certify that I attended the deceased from hears
17, 1947 to 8 Jan, 1948.
that I last saw him alive on Jan 5, 1948
and that death occurred on the date and hour stated above.Immediate cause of death.....
Congestive heart failure 9 hrsDue to.....
acute insufficiency

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death) adMajor findings:
Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause of 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) 0

While at work?..... (e) Means of injury.....

23. Signature M. A. Unwell (M. D. or other) mdAddress 2514 Franklin Date signed 1-8-48

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

MOTHER FATHER

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 _____

J. E. Casper, Registered Apprentice No. 505
working under my personal supervision.

Signed J. E. Casper

Licensed Embalmer No. 4441

P. O. Address 2829 Washington

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Feb

Registration District No. 314

Primary Registration District No. 1003

Registrar's No. 213

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:

(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME

George E. Parker

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex M 5. Color or race B 6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased Sept 12 1884
(Month) (Day) (Year)

8. AGE: Years 61 Months 0 Days 0 If less than one day hr. 0 min. 0

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

10. Usual occupation.....

11. Industry or business.....

12. Name.....

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

14. Maiden name.....

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

16. (a) Informant.....

(b) Address.....

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation.....

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

(b) Address.....

19. (a) (Date received local registrar) JAN 21 1948 (b) J. F. Brebeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan Day 21 year 1948 hour..... minute..... M.

21. I hereby certify that I attended the deceased from..... to..... 19.....; that I last saw him..... alive on..... 19.....; and that death occurred on the date and hour stated above. Immediate cause of death.....

Duration

Due to.....

Due to.....

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..... (M. D. or other)

Address..... Date signed.....

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

MOTHER FATHER

SUPPLEMENTARY

S-2928 - 1948

2222 vk