S. No. 300
M—10-47
v. 5-17-39
I 3908

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 7 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17915

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 4781

1. PLACE OF DEATH:

(a) County
(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: Enroute to Homer Phillips Hospital. (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 Life

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. 3016 Caroline St. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Wendell R. Parker
3. (b) If veteran, name war no
3. (c) Social Security No.
4. Sex Male 2
5. Color or race Col.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Helen Parker
6. (c) Age of husband or wife if alive 37 years
7. Birth date of deceased Dec. 22, 1906 (Month) (Day) (Year)
8. AGE: Years 41 Months 4 Days 29 If less than one day hr. min.
9. Birthplace St. Louis, Mo. (City, town, or county) O (State or foreign country)
10. Usual occupation Steel worker
11. Industry or business
MOTHER FATHER
12. Name James L. Parker Sr.
13. Birthplace Ky. (City, town, or county) (State or foreign country)
14. Maiden name Dora Stroud
15. Birthplace Eureka Springs, Ark. (City, town, or county) (State or foreign country)
16. (a) Informant James L. Parker Jr.
(b) Address 3016 Caroline St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 26, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery
18. (a) Signature of funeral director Wright's Funeral Home.
(b) Address 3100 Easton Ave.
19. (a) MAY 24 1948 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21 year 1948. hour 11:15 minute A M.
21. I hereby certify that I attended the deceased from , 19 , 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 Ruptured Aorta, while driving his automonile on Express Highway 200 feet west of Tamm Ave., around 11:15 AM, May 21, 1948, causing him to lose control of said automobile and collide with an automonile driven by Mary Lois Sherman. — Duration
Due to Unqualified NATURAL CAUSES.
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 Patrick E. Taylor (M. D. or other)
Address Deputy Coroner Date signed 5-23-48

(Licensed Embalmer's Statement on Reverse Side)

JUN 12 1963

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 Arthur L. Heilliard

Licensed Embalmer No. 4049 St Ferdino

~~P. O. Address~~ 4221

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.