

FILED JUL 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25174

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6001

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		d. STREET ADDRESS (If rural, give location) 18 3455 PARK AV. 0			
d. FULL NAME OF HOSPITAL OR INSTITUTION 3455 PARK AV.				d. STREET ADDRESS (If rural, give location) 18 3455 PARK AV. 0					
3. NAME OF DECEASED (Type or Print) a. (First) FRED		b. (Middle) C.		c. (Last) PARKS.		4. DATE OF DEATH (Month) (Day) (Year) JULY 8 1949			
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH AUGUST 21-1884 64 YRS.			
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Employed				10b. KIND OF BUSINESS OR INDUSTRY Sunshine Biscuits		11. BIRTHPLACE (State or foreign country) ILLINOIS			
12. CITIZEN OF WHAT COUNTRY? U. S. A.				13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME			
14. NAME OF HUSBAND OR WIFE Rose Parks				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.			
17. INFORMANT'S SIGNATURE OR NAME Rose Parks				ADDRESS 3455 Park					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Thrombosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 12 hr. 154 - 11/14/41	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 94 W					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H 201					
22. I hereby certify that I attended the deceased from Feb 19 1949 to 7-8-49, that I last saw the deceased alive on 7-8-49 19, and that death occurred at 2:00 a.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Raymond M. ...				23b. ADDRESS 5203 Chrysanthe		23c. DATE SIGNED 7-8-49			
24a. BURIAL, CREMATION, OR REMOVAL FROM REMOVAL		24b. DATE JULY 11-49		24c. NAME OF CEMETERY OR CREMATORY Astoria Cem.		24d. LOCATION (City, town, or county) (State) Astoria Ill.			
DATE REC'D BY LOCAL REG. JUL 9 1949		REGISTRAR'S SIGNATURE J. B. ...		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. J. Schurr 3125 Lafayette Av					

(Licensed Embalmer's Statement on Reverse Side)

[Handwritten signature]

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 _____
..... Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed *Joseph B. Vallance*
Licensed Embalmer No. 4814
P. O. Address 3105 Poplar

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to complete the above constitutes grounds for revocation of license.)
If this body is not embalmed, fact should be so stated above.