

FILED MAY 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14868

State File No. _____

318

1003

Registrar's No. 4070

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____		
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		2239		
d. FULL NAME OF HOSPITAL OR INSTITUTION 1721 So 11th St.				d. STREET ADDRESS (If rural, give location) 1721 So 11th St.				
3. NAME OF DECEASED (Type or Print) a. (First) Agnes		b. (Middle) Mary		c. (Last) Parko		4. DATE OF DEATH (Month) (Day) (Year) 6 3 50		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 5-4-1891		
9. AGE (In years last birthday) 58		IF UNDER 1 YEAR Months 11 Days 29		IF UNDER 24 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HWK			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Czeckoslovakia		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Pazur			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE John Parko (DEceased)		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Agnes Meurer ADDRESS 1721 So 11th St.				
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) Cerebral hemorrhage ANTECEDENT CAUSES arteriosclerosis Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) _____ 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 2 days	
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) 331X (STATE) _____				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from 1 May, 1950 , to 3 May, 1950 , that I last saw the deceased alive on 3 May, 1950 , and that death occurred at 7:00 PM , from the causes and on the date stated above.								
23a. SIGNATURE S. Sworland (Degree or title) _____				23b. ADDRESS 1657 So Grand		23c. DATE SIGNED 4 May 50		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-6-50		24c. NAME OF CEMETERY OR CREMATORY Old SS Peter & Paul		24d. LOCATION (City, town, or county) (State) St. Louis Mo.		
DATE REC'D BY LOCAL REG. MAY 4 1950		REGISTRAR'S SIGNATURE _____		FUNERAL DIRECTOR'S SIGNATURE Myrdell Funeral Home		ADDRESS 1926 Ellen		

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

331X

Dr. Livingston
1-3 Adams 1st Ave. Etc.

Neil

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 me

working under my personal supervision.

Student Embalmer No.

Signed Dale A. Sherman

Signed.....
Student Embalmer

Licensed Embalmer No. 4533

P. O. Address 1926 Allen

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.