

FILED NOV 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

39241

BIRTH NO.		REG. DIST. NO. 317	PRIMARY REG. DIST. NO. 3063	Registrar's No. 2698
1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CLAYTON		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ARNOLD, MO.		
c. LENGTH OF STAY (In this place) DOA		d. STREET ADDRESS (If rural, give location) RT. 1 ARNOLD, MO.		
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CO HOSPT				
3. NAME OF DECEASED (Type or Print) a. (First) KENNETH		b. (Middle) G.		c. (Last) PARKER
4. DATE OF DEATH (Month) (Day) (Year) NOV-7-1950				
5. SEX M. D.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M.	8. DATE OF BIRTH DEC-2-1922	9. AGE (In years last birthday) 26 YRS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steamfitter		10b. KIND OF BUSINESS OR INDUSTRY Ambler Heating Co.		11. BIRTHPLACE (State or foreign country) MO. D.
12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME GERVIS PARKER		13b. MOTHER'S MAIDEN NAME LILLIAN CHABOURNE		14. NAME OF HUSBAND OR WIFE MARGARET PARKER
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW II		16. SOCIAL SECURITY NO. 487-26-4855		17. INFORMANT'S SIGNATURE OR NAME LILLIAN PARKER LESTERVILLE, MO.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) suffocation-occupant of automobile which collided with tractor-trailer, DUE TO (b) body found face down in ditch.		INTERVAL BETWEEN ONSET AND DEATH 26		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
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) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Public Road		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Highway 61, St. Louis, Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11. 7 50 P.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? see above
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Arnold J. Willmann Coroner 3		23b. ADDRESS Clayton, Mo.		23c. DATE SIGNED 11/10/50
24a. BIRTHAL. CREMA. THON. REMOVAL QUALITY		24b. DATE NOV-12-50		24c. NAME OF CEMETERY OR GREGATORY LESTERVILLE
24d. LOCATION (City, town, or county) (State) LESTERVILLE MO				
DATE REC'D BY LOCAL REG. 11-10-50		REGISTRAR'S SIGNATURE R. R. Donker M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. J. Schurer 3125 Lafayette Av.

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 25 1957

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

J. B. Blum

Licensed Embalmer No. *24014*

P. O. Address *3125 S. Jackson*

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.