No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33839

FILED SEP 24 1953

BIRTH NO. 56724 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8265

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Christian Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY 2087
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis Mo
d. STREET ADDRESS (If rural, give location) 8415 Walls Ferry (15)

3. NAME OF DECEASED (Type or Print)
a. (First) baby
b. (Middle)
c. (Last) Parker

4. DATE OF DEATH (Month) July (Day) 29 (Year) 1953

5. SEX Male

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0

8. DATE OF BIRTH 7-29-53

9. AGE (In years last birthday) IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours 10 Min. 29

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) St. Louis Christian Hosp.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Robert E. Parker

13b. MOTHER'S MAIDEN NAME widemann

14. NAME OF HUSBAND OR WIFE

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 Robert E. Parker
ADDRESS

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) Congenital atelectasis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Prematurity
DUE TO (c) Premature rupture of membranes

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 ☐ NO ☒

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

7625

22. *I hereby certify that I attended the deceased from* 7-29, *19*53, *to* 7-30, *19*53, *that I last saw the deceased alive on* 7-30, *19*53, *and that death occurred at* 7 40 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE Kenneth W. Larsen (Degree or title) MDO

23b. ADDRESS 607 N. Grand

23c. DATE SIGNED 7-30-53

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE 7-31-51

24c. NAME OF CEMETERY OR CREMATORY Anatomical Board

24d. LOCATION (City, town, or county) St. Louis, Mo. (State)

DATE REC'D BY LOCAL REG. AUG 26 1953

REGISTRAR'S SIGNATURE J. Earl Smith, M.D.

25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Service
ADDRESS 4104 Manchester Ave.
(Licensed Embalmer's Statement)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.