

FILED MAR 28 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10853

STATE FILE NUMBER

1003

Registration District No. 318 Primary Registration District No. 1716 Registrar's No.

1716

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>ST. LOUIS</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. LOUIS Mo. 3</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>4000 MEHLVILLE</i> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>D.O.A. ST. LOUIS CITY HOSPITAL</i>			Length of stay in 1b		27 STREET ADDRESS (If outside, give location) <i>R.R. 9 Box 434</i> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <i>EARL PARKS</i>			4. DATE OF DEATH Month <i>FEB.</i> Day <i>19</i> Year <i>1957</i>		
5. SEX <i>MALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <i>Nov. 30 1912</i>	9. AGE (In years last birthday) <i>44</i> IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>TAXICAB DRIVER</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>LACLEDE CAB CO</i>		11. BIRTHPLACE (City and state or country) <i>Missouri 0</i>	
13. FATHER'S NAME <i>PERL PARKS</i>			14. MOTHER'S MAIDEN NAME <i>ADELING WILHELMS</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.		17. INFORMANT <i>JOEY PARKS MEHLVILLE Mo</i> Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Diabetes Mellitus</i>					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b) _____ DUE TO (c) _____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <i>915 A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>James M Kelly Deputy 3</i> (Name or title)			22b. ADDRESS <i>1300 Clark</i>		22c. DATE SIGNED <i>2-19-57</i>
23a. BURIAL, CREMATION, REBURAL (Specify)		23b. DATE <i>FEB. 22 1957</i>		23c. NAME OF CEMETERY OR CREMATORY <i>ST. PAUL EV. REF.</i>	
24. FUNERAL DIRECTOR <i>Thomas Tuttle 2906 Genoa</i> ADDRESS		25. DATE RECD. BY LOCAL REG. <i>FEB 19 57</i>		26. REGISTRAR'S SIGNATURE <i>Carl Smith Mo</i>	

(Licensed Embalmer's Statement on Reverse Side)

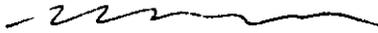
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

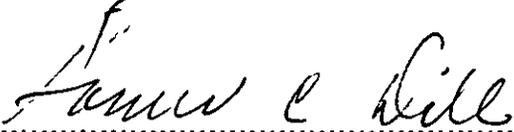
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 434

P. O. Address 2906

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.