

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-027313  
STATE FILE NUMBER

1003 5215  
REGISTRAR'S NO.

FILED JUL 18 1958 Registration District No. 318 Primary Registration District No. Registrar's No. 5215

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis, Mo.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Overland, Mo.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Masonic Home of Mo.</u>		Length of stay in lb <u>8 1/2 Mos</u> d. STREET ADDRESS (If outside, give location) <u>9444 Midland</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Nathan</u> Middle <u>Howe</u> Last <u>Parker, Jr.</u>			4. DATE OF DEATH Month <u>5</u> Day <u>16</u> Year <u>58</u>			
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>5-5-1888</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bank Clerk (Retired)</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Mercantile Comm Bk. &amp; Trust Co</u>	11. BIRTHPLACE (City and state or country) <u>St. Louis, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13. FATHER'S NAME <u>Nathan Howe Parker, Sr.</u>	14. MOTHER'S MAIDEN NAME <u>Rose Foster</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>None</u>	16. SOCIAL SECURITY NO. <u>491-14-5187A</u>	17. INFORMANT <u>Louis Charbonnet, Jr.</u> Address <u>Masonic Home of Missouri</u>
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Myo-Cardial Infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Arterio Sclorotic - Heart Disease</u>	
	DUE TO (c) <u>Arterio Sclorosis - Generalized</u> <u>420.0</u>	
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"/> <u>2</u>

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.)
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20c. TIME OF INJURY Hour <u>3:40</u> Month <u>5</u> Day <u>16</u> Year <u>58</u> 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 <u>St. Louis</u> COUNTY <u>Missouri</u> STATE <u>Missouri</u>
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21. I attended the deceased from <u>8-3-57</u> to <u>5-16-58</u> and last saw <sup>xxx</sup> him alive on <u>5-15-58</u> Death occurred at <u>3:40 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <u>Robert G. Hall, M.D.</u>	22b. ADDRESS <u>3902 Lafayette Ave.</u>	22c. DATE SIGNED <u>5-16-58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>5/19/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Lake Charles Burial Ph.</u>	23d. LOCATION (City, town, or county) (State) <u>St. Louis Co, Missouri</u>
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24. FUNERAL DIRECTOR <u>Alexander &amp; Sons 6175 Delmar Blvd</u>	25. DATE RECD. BY LOCAL REG. <u>MAY 17 58</u>	26. REGISTRAR'S SIGNATURE <u>Carl Smith MD</u>
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Health, Welfare Public Service  
300 1-56  
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

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 *Jose E. McCulloch*  
Licensed Embalmer No. *244*

P. O. Address *61950*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.