

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-003359
STATE FILE NUMBER

FILED FEB 11 1959

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

165

300

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M

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN Maplewood 4534 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Deaconess Hosp.		d. STREET ADDRESS (If outside, give location) 2843 Bartold Ave. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First WALTER Middle LAWRENCE Last PARKER		4. DATE OF DEATH Month Jan. Day 4, Year 1959	
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1-22-1895
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gas Maker		10b. KIND OF BUSINESS OR INDUSTRY Laclede Gas	11. BIRTHPLACE (City and state or country) Birmingham, Ala.
13a. FATHER'S NAME John Parker		13b. MOTHER'S MAIDEN NAME Avery Starn	14. NAME OF HUSBAND OR WIFE Ethel Parker
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 493-05-2157	17. INFORMANT Ethel Parker, Address above
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary embolism Conditions, if any, which gave rise to above cause (b) Thrombophlebitis leg veins Underlying cause (c) 463 DUE TO (a) (b) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 1 hour 2 days.
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 _____ a.m. _____ p.m. Month, Day, Year _____			
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 Jan 3, 1959 to Jan 4, 1959 and last saw him alive on Jan 4, 1959 Death occurred at 5:20 a. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Dr. Thomas (Degree or title) MD		22b. ADDRESS 3915 Watson Rd. St. Louis, Mo.	
		22c. DATE SIGNED 1-5-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-7-59	
23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.	
24. FUNERAL DIRECTOR JAY B. SMITH, Maplewood, Mo.		25. DATE RECD. BY LOCAL REG. JAN 7 '59	
		26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. M. J. B.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 *Allen Davis*

Licensed Embalmer No. *4053*

P. O. Address *St. L.*

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.