Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-009958
STATE FILE NUMBER

FILED APR 6 1959 Registration District No. 162 Primary Registration District No. 5594 Registrar's No. 32

1. PLACE OF DEATH
a. COUNTY JEFFERSON
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) RURAL-MERAMEC — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Joseph's Hill Inf — Length of stay in lb 20 DAYS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY St. Louis
c. CITY OR TOWN UNIVERSITY CITY 4006 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 7298 GREENWAY (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Middle Last: THOMAS PARKER
4. DATE OF DEATH Month Day Year: March 28, 1959

5. SEX M
6. COLOR OR RACE W
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH JANUARY 7, 1871
9. AGE (In years last birthday) 88 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED — RAILROAD POLICE JUDGE
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) ALTON ILLINOIS
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME GEORGE PARKER
13b. MOTHER'S MAIDEN NAME PHEBE? HOLMES.
14. NAME OF HUSBAND OR WIFE CHARLOTTE AMELIA

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. None
17. INFORMANT Address BRO. ROCH. ST. JOSEPH'S HILL INFIRMARY EUREKA

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CEREBRAL HEMORRHAGE — INTERVAL BETWEEN ONSET AND DEATH: 3 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) HYPOSTATIC PNEUMONIA — 2 days
DUE TO (c) ARTERIOSCLEROTIC HEART DISEASE — undetr.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 March 8, '59, to March 28, '59 and last saw her/him alive on March 28, '59
Death occurred at March 28 '59 6:00 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or Title) J. L. Masser M.D.
22b. ADDRESS St. Joseph's Hill Infirmary Eureka
22c. DATE SIGNED 3/28/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal.
23b. DATE MAR 30 1959
23c. NAME OF CEMETERY OR CREMATORY UPPER ALTON
23d. LOCATION (City, town, or county) (State) ALTON MADISON CO. ILLINOIS

24. FUNERAL DIRECTOR O. Dewell Smith — ADDRESS 2521 Edwards Alton Ill
25. DATE RECD. BY LOCAL REG. 3-30-59
26. REGISTRAR'S SIGNATURE Robert E. Bauer

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

OCT 3 1959

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 Lawrence E. Griffith

Licensed Embalmer No. 3538

P. O. Address Alton Ill.

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.