

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-013056

FILED 75 MAR 25 1960

2 2493

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 40yrs	c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital #1		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2822 Sheridan Ave Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First BOYD Middle Last PARKS			4. DATE OF DEATH Month Feb Day 28 Year 1960		
--	--	--	---	--	--

5. SEX Male	6. COLOR OR RACE Col	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-2-1889	9. AGE (last birthday) 70	IF UNDER 1 YEAR Months 7 Days 26	IF UNDER 24 HR Hours Min.
-----------------------	--------------------------------	---	-------------------------------------	-------------------------------------	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor	10b. KIND OF BUSINESS OR INDUSTRY Building	11. BIRTHPLACE (City and state or country) Fordyce Ark	12. CITIZEN OF WHAT COUNTRY U S A
---	--	--	---

13a. FATHER'S NAME John Parks	13b. MOTHER'S MAIDEN NAME Emory ?	14. NAME OF HUSBAND OR WIFE Aggie Parks
---	---	---

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. 500-16-4441	17. INFORMANT Aggie Parks 2822 Sheridan Ave
--	---	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH 2 weeks
IMMEDIATE CAUSE (a) Congestion Heart Failure		
DUE TO (b) Hypertensive Cardiovascular		
DUE TO (c) Resion		out
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 443 x		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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 _____ s.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 9 Jan 1960 to 28 Feb 1960 and last saw him/her alive on 27 Feb 1960 Death occurred at 6:15 P m on the date stated above, and to the best of my knowledge, from the causes stated.	
---	--

22a. SIGNATURE M. A. Mueller M.D. (Degree or title)	22b. ADDRESS 3524 Franklin Ave St Louis Mo	22c. DATE SIGNED FEB 2 1960
--	--	---------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 3-5-1960	23c. NAME OF CEMETERY OR CREMATION Father Dickson St Louis	23d. JURISDICTION (City, town, or county) St Louis Co., Mo
---	------------------------------	--	--

24. FUNERAL DIRECTOR JAS H. RANDLE & SON 3133 Bell Ave	25. DATE RECD. BY LOCAL REG. MAR 3 1960	26. REGISTRAR'S SIGNATURE Loan Smith, M.D.
--	---	--

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Ether N. Harris

Licensed Embalmer No. 445

P. O. Address 4181 Wash

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.