

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-023012  
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6164

FILED JUL 13 1961

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY                                 |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>St. Louis, Missouri</b>  |  | Length of stay in 1b<br><b>12 Days</b>  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>St. Louis City Hospital</b>  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  |
| d. STREET ADDRESS (If outside, give location)<br><b>4429 Blair Avenue</b>  |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |  |
| 3. NAME OF DECEASED<br>(Type or print)<br>First Middle Last<br><b>CHARLES ELMER PARKS</b>  |  |   | 4. DATE OF DEATH<br>Month Day Year<br><b>July 1st 1961</b>   |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b>   | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>9/1/1866</b>  |
| 9. AGE (last birthday)<br><b>94</b>  |  | IF UNDER 1 YEAR<br>Months Days  | IF UNDER 24 HR<br>Hours Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Storekeeper</b>  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Own Business</b>  | 11. BIRTHPLACE (City and state or country)<br><b>Logan County, Kentucky</b>  |
| 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>   |  | 13a. FATHER'S NAME<br><b>Melvin T. Parks</b>  |  |
| 13b. MOTHER'S MAIDEN NAME<br><b>Josephine Mansfield</b>  |  | 14. NAME OF HUSBAND OR WIFE<br><b>Artie Missie Parks</b>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>unknown</b>  |  | 16. SOCIAL SECURITY NO.<br><b>None</b>  |  |
| 17. INFORMANT<br><b>Mr. Hubert Parks, 4429 Blair Ave</b>   |  | Address   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Fracture left femur; generalized</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>Arterio Sclerosis; suffered in fall</b><br>DUE TO (c) <b>in home on 6-19-61</b> |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>904.0 - 21</b>  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  |  |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>  | 20a. ACCIDENT <input checked="" 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.)<br><b>See above</b>  |  |
| 20c. TIME OF INJURY<br>Hour a.m. p.m. <b>6-19-61</b>   |  |   |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>  |  | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><b>09 Home</b>  | 20f. CITY, TOWN, OR LOCATION COUNTY STATE<br><b>St. Louis, Mo</b>  |
| 21. I attended the deceased from _____ and last saw her/him alive on _____<br>Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.   |  |   |  |
| 22a. SIGNATURE<br><i>[Signature]</i>   |  | (Degree or title)<br><b>103rd</b>   | 22b. ADDRESS<br><b>1300 eled</b>   |
| 22c. DATE SIGNED<br><b>7-3-61</b>  |  | 22d. ADDRESS (State)  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>  | 23b. DATE<br><b>July 3, 1961</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Sunset Burial Park</b>   | 23d. LOCATION (City, town, or county) (State)<br><b>St. Louis County, Missouri</b>   |
| 24. FUNERAL DIRECTOR<br><b>Alexander &amp; Sons, 6175 Delmar Blvd</b>  |  | 25. DATE RECD. BY LOCAL REG. REGISTRAR'S SIGNATURE<br><b>JUL 2 1961</b> <i>[Signature]</i>  |  |

**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 Jos. E. McCulloch

Licensed Embalmer No. 2460

P. O. Address 6176 Dill

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.