

MISSOURI DIVISION OF PUBLIC HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-013625

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 873

FILED MAR 26 1962

| | | | |
|---|----------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY St. Louis | | 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 BERKELEY | | Length of stay in 1b 2 days | c. CITY OR TOWN St. Louis |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Penn Nursing Home | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 5321 Arlington |
| 3. NAME OF DECEASED (Type or print) First Middle Last ROBERT JOHN PARKER SR. | | 4. DATE OF DEATH Month Day Year March 12 1962 | |
| 5. SEX male | 6. COLOR OR RACE white | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 4/27/1888 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Linotype Operator | | 10b. KIND OF BUSINESS OR INDUSTRY Printing | 11. BIRTHPLACE (City and state or country) Boston, Mass. |
| 13a. FATHER'S NAME Robert Parker | | 13b. MOTHER'S MAIDEN NAME Not Known | 14. NAME OF HUSBAND OR WIFE Lillian 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. [REDACTED] | 17. INFORMANT Address Lillian Parker - 5321 Arlington Ave |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Artery Dis. 4-5 yrs Arteriosclerotic Heart Dis. 6-7 yrs Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 420.0 DUE TO (c) | | 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"/> | | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | |
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 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 Aug 1956 to 3/12/62 and last saw ^{him} _{her} alive on 2/11/62 Death occurred at 9 25 P m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Murray Cheney (Degree title) M.D. | | 22b. ADDRESS 6223 Nat. Bridge | |
| 22c. DATE SIGNED 3/13/62 | | (State) | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) removal | | 23b. DATE March 15, 1962 | |
| 23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | | 23d. LOCATION (City, town, or county) St. Louis Missouri | |
| 24. FUNERAL DIRECTOR Address BUCHHOLZ MORTUARY-5967 W. Florissant Ave | | 25. DATE RECD. BY LOCAL REG. 3-14-62 | |
| 26. REGISTRAR'S SIGNATURE John C. Murphy Md. | | | |

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF DOCUMENT

DATE AMENDED

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

VS 300 Rev. 4/59
14010
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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

Walter A. Bushby

Licensed Embalmer No. 24351

P. O. Address St Louis

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.