MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8070 STATE FILE NUMBER 62-032771

FILED AUG 31 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1. PLACE OF DEATH
a. COUNTY: St. Louis Missouri
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Homer G. Phillips — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri COUNTY
c. CITY OR TOWN: St. Louis — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 5230 Northland — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: George Middle: Last: Parker
4. DATE OF DEATH: Month: August Day: 17 Year: 1962
5. SEX: Male
6. COLOR OR RACE: Col
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 13 June 32
9. AGE (last birthday): 30 — IF UNDER 1 YEAR: Months 3 Days — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: City Water Div
11. BIRTHPLACE (City and state or country): St. Louis Missouri
12. CITIZEN OF WHAT COUNTRY: U. S. A
13a. FATHER'S NAME: Edgar Parker
13b. MOTHER'S MAIDEN NAME: Georgia Howard
14. NAME OF HUSBAND OR WIFE: Mrs Peggie Jean Parker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): Korea
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs Peggie Jean Parker Address: 5230 Northland

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) Hemorrhage subsequent to a gunshot wound, suffered when shot with gun in hands of one Frederick Douglas Edwards in automobile on Taylor Avenue between Maffitt & Kennerly, at about 10:00 P.M on August 16, 1962. — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Homicide 981X
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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.) See above
20c. TIME OF INJURY: Hour 10:00 a.m. p.m. Month, Day, Year 8-16-62
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.): Street
20f. CITY, TOWN, OR LOCATION: St. Louis COUNTY: STATE: Mo

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Helen L. Taylor, Coroner
22b. ADDRESS: 1300 Clark Ave.
22c. DATE SIGNED: 8-20-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 8/23/62
23c. NAME OF CEMETERY OR CREMATORY: Jefferson Barracks
23d. LOCATION (City, town, or county) (State): Jefferson Barrack Missouri

24. FUNERAL DIRECTOR: Herman J. Smith ADDRESS: 4247/w Labadie Ave
25. DATE RECD. BY LOCAL REG.: AUG 20 1962
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	2	6	9
3			
4	2		
5	1		
6			
7	0		
8	1		
9			
10			
11			
12	77.3		
13			

BY AFFIDAVIT OF DOCUMENT

77

USE BLACK INK OR TYPEWRITER RIBBON

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 Arthur L. Heilland

Licensed Embalmer No. 4221

P. O. Address 3100 Easton Ave

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.