

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

Do not use this space.

CERTIFICATE OF DEATH

FLB 8 1937

791

3643

1. PLACE OF DEATH

County.....

Registration District No.....

Township St. Louis Mo.

Primary Registration District No.....

City St. Louis Mo. (No.....)

St. John Hospital 1003

File No.....

Registered No. 678

St. Ward)

2. FULL NAME Mary Park

(a) Residence, No. 3151 A Pennsylvania Ave # 1 Ward.....

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. 16 How long in U. S., if of foreign birth? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF John Park (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 27 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
65 3 18

8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 23

10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 15

FATHER 13. NAME James Nolan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 15

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 15

17. INFORMANT John Park (ADDRESS) 3151 A Pennsylvania Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Jan 18 19 37

19. UNDERTAKER John Kuttis (ADDRESS) 2906 Glasgow St.

20. JAN 18 1937 19 37 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 6th 1937, to Jan 15, 1937

last saw her alive on Jan 14, 1937 Death is said to have occurred on the date stated above, at 8:45 a.m.

The principal cause of death and related causes of importance were as follows:

Right Lobe Pneumonia (complete) Date of onset Jan 9/37

Other contributory causes of importance: La Grippe Infection - prevailing

Name of operation None Date of.....

What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.....

(Signed) Douglas A. Reis M. D.

(Address) 717 Mrs. Chester Cook

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

D. Reed

7171 Massachusetts

St. 3126