DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 2 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20704

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 7981

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 hrs. 25 mins. (Specify whether years, months or days)
In this community 7 hrs. 25 mins.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")

(d) Street No. 1749 Waverly Place
(If rural, give location)

(e) If foreign born, how long in U. S. A.? X years.

3. (a) PRINT FULL NAME Baby Parker

3. (b) If veteran, name war Newborn

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Newborn

6. (b) Name of husband or wife Newborn

6. (c) Age of husband or wife if alive Newborn years

7. Birth date of deceased September 21, 1940 (Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day 7 hr. 25 min.

9. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Nil. 0

11. Industry or business Nil. 0

MOTHER FATHER

12. Name Troy Parker

13. Birthplace (City, town, or county) Missouri (State or foreign country)

14. Maiden name Ruby Prince

15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Ann Morrison

(b) Address City Hospital #1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-26-40 (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery.

18. (a) Signature of funeral director W. J. White

(b) Address City Hospital No.

19. (a) SEP 25 1940 (Date received local registrar) (b) J. Blackburn (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 22, year 1940 hour 2:00 minute A. M.

21. I hereby certify that I attended the deceased from September 21, 1940 to September 22, 1940 that I last saw him alive on September 22, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Prematurity	
Due to	
Due to	
Other conditions (Includes pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy Prematurity

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature W. D. Hawker (M. D. or other)
Address 1515 Lafayette Ave., Date signed 9/23/40

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.