

FILED AUG 20 1942  
 791

Registration District No. .... Primary Registration District No. .... Registrar's No. 6742

1. PLACE OF DEATH:  
 (a) County St. Louis  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Missouri Bapt Hosp  
 (If not in hospital or institution, write street number and location)  
 (d) Length of stay: In hospital or institution 8 Hrs.  
 In this community 8 Hrs.  
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County 96  
 (c) City or town Overland  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 10535 Hobday  
 (If rural, give location) 127  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country .....

3. (a) PRINT FULL NAME BABY PARKER  
 (b) If veteran, name war .....  
 (c) Social Security No. ....

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Aug day 10  
 year 1942 hour 1:20 minute 45 P.M.  
 21: I hereby certify that I attended the deceased from Aug 10 4  
1942 to Aug 10 1942  
 that I last saw her alive on Aug 9 1942  
 and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race White  
 6. (a) Single, widowed, married, divorced SO  
 (b) Name of husband or wife .....  
 (c) Age of husband or wife if alive ..... years  
 7. Birth date of deceased Aug 10 1942  
 (Month) (Day) (Year)

Immediate cause of death Perinatal debility, Neonatorum  
 Due to .....  
 Due to 158  
 Other conditions (Include pregnancy within 3 months of death) .....

8. AGE: Years Months Days If less than one day  
8 hr. min.  
 9. Birthplace St. Louis Mo.  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation nil

PHYSICIAN  
 Underline the cause to which death should be charged statistically.  
 Major findings: Of operations .....  
 Of autopsy .....

MOTHER FATHER

11. Industry or business .....  
 12. Name Ralph Parker  
 13. Birthplace Wyatt Mo.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Bellamy Sullivan  
 15. Birthplace Belton Miss.  
 (City, town, or county) (State or foreign country)  
 16. (a) Informant Ralph Parker  
 (b) Address 10535 Hobday  
 17. (a) Burial (b) Date thereof Aug 11 1942  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Lake Charles Ave  
 18. (a) Signature of funeral director Baumann Bros  
 (b) Address 2504 Woodson Overland Mo  
 19. (a) AUG 10 1942 (Date received local registrar)  
J. F. Bassel (Registrar's signature)

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?  
 While at work? (Specify type of place) .....  
 (e) Means of injury .....  
 23. Signature J. F. Bassel (I. D. or other) .....  
 Address 9221 Midland Date signed 8-10-42

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

**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.....

*Was Not Embalmed*

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

working under my personal supervision.

Signed *Oscar F. Mueller*.....

Licensed Embalmer No. *3039*.....

P. O. Address *Overland MO*.....

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