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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 31 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

23350

State File No. 6666

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

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

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri, (b) County 000 17 7 15
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 4338 Oregon Ave.,
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME BABY PARK TWIN II

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female,
5. Color or race White,
6. (a) Single, widowed, married, divorced Single,
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years

7. Birth date of deceased July (Month) 21, (Day) 1943 (Year)

8. AGE:

Years	Months	Days	If less than one day
-0-	-0-	-0-	8 hrs min.

9. Birthplace St. Louis, (City, town, or county) Missouri, (State or foreign country)
10. Usual occupation
11. Industry or business

FATHER
12. Name Marion Park,
13. Birthplace Rockport, (City, town, or county) Indiana, (State or foreign country)

MOTHER
14. Maiden name Frances Nolan,
15. Birthplace Valley Park, (City, town, or county) Missouri, (State or foreign country)

16. (a) Informant Marion Park,
(b) Address 4338 Oregon Ave.,
17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof 7/23/43 (Month) (Day) (Year)
(c) Place: burial or cremation New SS. Peter & Paul Cem.
18. (a) Signature of funeral director Gebken-Benz Mortuary
(b) Address 2842 Meramec St.,
19. (a) JUL 23 '43 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21 year 1943 hour 6 minute 45 P M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw her alive on July 21 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Unknown

Due to Premature birth

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 H. E. Dragan MD (M. D. or other)
Address St. Johns Hosp Date signed 7/21/43

(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 Joe S. Berg

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St., St. Louis, 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.