No. 2
—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 31 1944

Registration District No. 377

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3062

State File No. 4426

Registrar's No. 187

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Brentwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Residence; 8772 Brentwood Place
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community ____

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis
(c) City or town: Brentwood
(If outside city or town limits, write "RURAL.")
(d) Street No.: 8772 Brentwood Place
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: GRACE BROUSTER PARK.

3. (b) If veteran, name war: none

3. (c) Social Security No.: none

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: William C. Park

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

7. Birth date of deceased: June (Month) 12th (Day) 1864 (Year)

8. AGE: Years 79 | Months 7 | Days 11 | If less than one day ____ hr. ____ min.

9. Birthplace: Creve Coeur (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation: At home

11. Industry or business: ____

FATHER
12. Name: George W. Brouster.
13. Birthplace: St. Louis County (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name: Theresa Murphy
15. Birthplace: St. Louis County (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant: Alden Park.
(b) Address: 17 No. Hanley Rd.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 1-25-1944 (Month) (Day) (Year)
(c) Place: burial or cremation: Fee Fee Cemetery

18. (a) Signature of funeral director: C.R. Lupton & Sons
(b) Address: 7233 Delmar Blvd.

19. (a) JAN 24 1944 (Date received local registrar) (b) E. D. McGaven, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan/ day 23rd year 1944 hour 6:05 minute P. M.

21. I hereby certify that I attended the deceased from Jan - 8 - 1944 to June - 23 - 1944 that I last saw h. alive on June - 22 - 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchopneumonia	6 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Cerebral Arteriosclerosis	

Major findings:
Of operations: ____
Of autopsy: 107

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: J. H. Hale (M. D. or other)
Address: 4903 Delmar Date signed: 1-23-44

(Licensed Embalmer's Statement on Reverse Side)

4905 Delmar Blvd
RO 1471
1 to 4 P.M.

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 Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City

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.