

FILED JAN 18 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43898**  
Registrar's No. **11366**

BIRTH NO. **92711-54** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>2817 Meramec Street</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Firmin Desloge Hospital</b>		2159 0	

3. NAME OF DECEASED (Type or Print) <b>Baby Girl</b>	a. (First)	b. (Middle)	c. (Last) <b>Parr</b>	4. DATE OF DEATH (Month) <b>12</b> (Day) <b>13</b> (Year) <b>54</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>1</b>	8. DATE OF BIRTH <b>12-13-54</b>	9. AGE (In years last birthday) <b>12</b> IF UNDER 1 YEAR Months <b>12</b> IF UNDER 11 HRS. Days <b>12</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Charles Richard Parr</b>	13b. MOTHER'S MAIDEN NAME <b>Nelda Jeanne Chamberlain</b>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Nelda Jeanne Parr</b> ADDRESS <b>2817 Meramec St.</b>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>The maturity</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>776X</b>

22. I hereby certify that I attended the deceased from **12/13 1954** to **12/13, 1954**, that I last saw the deceased alive on **12/13, 1954**, and that death occurred at **6:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Peedie P. Deane</b> (Degree or title) <b>N.D.</b>	23b. ADDRESS <b>1325 S. Grand</b>	23c. DATE SIGNED <b>12/13/54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>12-14-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MT. HOPE</b>
24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS MO</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. J. PENDER JR</b> ADDRESS <b>7128 MICHIGAN</b>	
DATE REC'D BY LOCAL REG. <b>DEC 14 1954</b>	REGISTRAR'S SIGNATURE <b>Carl Smith</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

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

*Not Embalmed*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Clarence Pochow*

Licensed Embalmer No. *3893*

P. O. Address *7128 Michigan*

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.