

FILED SEP 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28537
Registrar's No. 7203

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. 1003		Registrar's No. 7203	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo</i> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St Louis</i>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St Louis 2139</i>		d. STREET ADDRESS (If rural, give location) <i>5035^a Cates Av.</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>5035^a Cates</i>							
3. NAME OF DECEASED (Type or Print) <i>Robert A Park</i> a. (First) <i>Robert</i> b. (Middle) <i>A</i> c. (Last) <i>Park</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Aug 22 1950</i>				
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <i>Widowed</i>	8. DATE OF BIRTH <i>Nov. 6 - 1881</i>		9. AGE (In years last birthday) <i>68</i>	10. UNDER 1 YEAR Months Days <i>10 16</i>	11. UNDER 4 Hrs. Four Mins. <i>12</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retd.</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Ills.</i>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <i>John Park</i>		13b. MOTHER'S MAIDEN NAME <i>Bridget O'Brien</i>		14. NAME OF HUSBAND OR WIFE <i>Agnes Park</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>No</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Agnes Park 5035^a Cates Av.</i>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
<p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary Occlusion</i></p> <p>ANTECEDENT CAUSES</p> <p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) <i>arteriosclerosis</i></p> <p>DUE TO (c) <i>myocarditis</i></p> <p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p>							<i>10 yrs</i>
							<i>5 yrs</i>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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? <i>H201</i>			
22. I hereby certify that I attended the deceased from <i>Aug 21, 1950</i> , to <i>Aug 22, 1950</i> , that I last saw the deceased alive on <i>Aug 21, 1950</i> , and that death occurred at <i>11 P</i> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Harrison MOUREY Mourey M.D.</i>				23b. ADDRESS <i>3625 Fair Ave.</i>		23c. DATE SIGNED <i>8/24/50</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>Aug 25 - 1950</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Calvary</i>		24d. LOCATION (City, town, or county) (State) <i>St Louis</i>		
DATE REC'D BY LOCAL REG. <i>AUG 24 1950</i>		REGISTRAR'S SIGNATURE <i>J. B. Sasater</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Cullmans Bros</i>		ADDRESS <i>3320 N. Kingshighway</i>	

WRITE PLAINLY—USING 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 _____

working under my personal supervision.

Student Embalmer No.

Signed Elmer R. Padwell

Signed.....

Student Embalmer

Licensed Embalmer No. 4077

P. O. Address.....

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.