MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

22634

1. PLACE OF DEATH

County .... Registration District No. 791 1003

Township .... Primary Registration District No. ....

City St Louis City Hospital #2 (No. .... St. .... Ward)

File No. ....

Registered No. 6865

2. FULL NAME Bessie Parker.

(a) Residence. No. 6339 Wagner St., 23 Ward. St. Louis Co, Mo.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Negro

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND of (OR) WIFE of: Louis Parker.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 2-6-1880

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ......min.
	48	4	23	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) ....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ....
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER: Green Slay.

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Va.

12. MAIDEN NAME OF MOTHER: Hattie Brown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Mo.

14. INFORMANT: Anna F. Woodfin
(Address) City Hospital #2

15. FILED ......-2 1929 Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 29 1928

17. I HEREBY CERTIFY, That I attended deceased from June 12, 1928, to June 29, 1928, that I last saw her alive on June 29, 1928, and that death occurred, on the date stated above, at 4:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis

548

93C

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY): Fibromyoma of uterus Benign (duration) Indefinite ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

Did an operation precede death? Yes Date of 6/19/28

Was there an autopsy? No

What test confirmed diagnosis? Operative Laboratory

(Signed) J. J. Thomas, M. D.

......, 1928 (Address) City Hospital #2

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Washington Park

DATE OF BURIAL: July 2 1928

20. UNDERTAKER: Gantz

ADDRESS: 4109 Finney

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.