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

Do not use this space.

17953

File No. .....

Registered No. 4919

1. PLACE OF DEATH

County ..... Registration District No. .....

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

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

2. FULL NAME John Parker

(a) Residence, No. 3222 Morgan St., 21 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Col	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-12-1870

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
61	4	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer 237

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

FATHER

13. NAME Charles Parker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va

MOTHER

15. MAIDEN NAME Anna Barton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. C.

17. INFORMANT Gertrude Creech
(ADDRESS) City Hospital #2

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peters DATE May 21 1932

19. UNDERTAKER W. C. Gordon Fun. Co
(ADDRESS) 2649 Morgan St.

20. FILED MAY 26 1932 Max E. Starkloff
Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-18- 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-23 1932 to 5-18- 1932

I last saw him alive on 5-18 1932. Death is said to have occurred on the date stated above, at 5 45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Secondary Anaemia	10 days
34	
96	
210	
Ruptured Hydatid Aneurysm (Spleen)	3 wks.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Henry C. Crumpton, M. D.

(Address) City Hospital #2

V. S. No. 2 MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.