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

Do not use this space.

37532

File No.

Registered No. 10204

1. PLACE OF DEATH

County

Registration District No. 791 ~~1003~~

Township

Primary Registration District No.

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

2. FULL NAME Clara Parker

(a) Residence, No. 2641 - Pine 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: Female

4. COLOR OR RACE: Col.

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

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: Geo. Parker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unknown

7. AGE: Years: abt 43 Months: Days: If LESS than 1 day, hrs. or min.

OCCUPATION

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

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

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): Unknown Tenn ?

FATHER

13. NAME: Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown " " "

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): " " "

17. INFORMANT (ADDRESS): George Parker 2641 Pine St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE Nov 23rd 1932

19. UNDERTAKER (ADDRESS): A. S. Bedsaul Co. 2726 Olive

20. FILED NOV 19 1932 Walter Hardin Registrar.

MEDICAL CERTIFICATE OF DEATH

Not Physician in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 14 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 1:30 a.m.

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

	Date of onset
Abscess of Liver B A	
" " (amebic) B A	
Cause Unknown	

Other contributory causes of importance:

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

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

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 7 16

Nature of injury .....

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

If so, specify

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

(Address) 1/10/33

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.

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