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.

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

Do not use this space.

34872

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. 9049

Township ..... Primary Registration District No. 703 ..... Registered No. .....

City St Louis Mo (No. 39 Washington Terrace St. ..... Ward)

2. FULL NAME King Lawrence Parker

(a) Residence, No. 39 Washington Terrace Ward. 12
(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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 18-1893

7. AGE 40 YEARS 9 MONTHS 1 DAYS If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sales
10. Date deceased last worked at this occupation (month and year) Oct 14-1933
11. Total time (years) spent in this occupation one

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

FATHER
13. NAME Herbert Lawrence Parker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pepperel Mass

MOTHER
15. MAIDEN NAME Emily King
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Mass

17. INFORMANT (ADDRESS) Mrs H Parker 39 Washington Terrace

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine DATE 10-21 1933

19. UNDERTAKER (ADDRESS) Wagoner 2621 Olive St

20. FILED OCT 20 1933 J H Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

3 No physician in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 19, 1933

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 3:00 P.M.

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

	Date of onset
7 Gunshot Wound of Chest (self-inflicted) at residence while suffering temporary mental aberration	

Other contributory causes of importance:
Burger's Disease
Suicide

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

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 10/19, 1933
Where did injury occur? St Louis, Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In Home
Manner of injury Gunshot Wound of Chest
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature], M. D.
(Address) Deputy Coroner

10/20/33