

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.

MAR 24 1934

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

Do not use this space.

7135

1. PLACE OF DEATH

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City *St. Louis* (No. *3852 Junata St*)

File No.....  
Registered No. **2017**  
St. .... Ward)

2. FULL NAME

*Venice Parker*  
(a) Residence, No. *3852 Junata* St., *16* Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec. 29<sup>th</sup> 1926*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*7* *1* *27*

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

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) *Macon Ga.*

13. NAME *Wm. W. Parker*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Albany Ga.*

15. MAIDEN NAME *Sammie Pader*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Macon Ga.*

17. INFORMANT (ADDRESS) *Wm. W. Parker 3852 Junata St.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Macon Ga.* DATE *Feb. 26<sup>th</sup> 1934*

19. UNDERTAKER (ADDRESS) *Wm. Schumacher 2013 Meramec St.*

20. FILED *FEB 26 1934 J. Bredeck Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb. 25<sup>th</sup> 1934*

22. I HEREBY CERTIFY, That I attended deceased from *2-18*, 19*34*, to *2-25*, 19*34*

I last saw him alive on *2-25*, 19*34*. Death is said to have occurred on the date stated above, at *5/43* P. M.

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

*Branchio-pneumonia* Date of onset *2/18*

Other contributory causes of importance: *None*

Name of operation *none* Date of *25*

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 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *no* If so, specify

(Signed) *W. F. Neuman*, M. D.  
(Address) *3115 1/2 Grand Ave*

3115 So. Blvd.

#2 *St. Louis*

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

7135

E. T. McLaugh, M. D.,  
Special Agent,  
Jefferson City, Mo.

WASHINGTON

2017

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Verice Parker  
Who died at St. Louis Mo. on Feb - 25<sup>th</sup> 1934  
Residence: No. 3852 Junilda St. St. Louis Mo.  
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years ? Months ? Days ?  
Sex F. Color or race W Single, married, widowed or divorced: \_\_\_\_\_

Date of birth ? Age: Years 7 Months 1 Days 29

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School  
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_

Date deceased last worked at this occupation: Month \_\_\_\_\_ Year \_\_\_\_\_  
Birthplace (State or country) Georgia  
Birthplace of father (State or country) Georgia  
Birthplace of mother (State or country) Georgia  
Principal cause of death: Broncho Pneumonia

Other contributory causes of importance: Tuberculosis  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No.  
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 \_\_\_\_\_  
Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
Name of physician W.F. Kern M.D.  
Address of physician 2115 S. Grand  
Signature of Registrar J. J. Bredecks Date filed 9-25-34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,  
E. T. McLaugh M.D.  
Special Agent.  
Reg. Dist. No. 791  
Primary Reg. Dist. No. 1003

UNITED STATES DEPARTMENT OF JUSTICE

WASHINGTON, D. C. 20535

MEMORANDUM FOR THE ATTORNEY GENERAL

DATE: 5-7-35

5-7135