WHITE 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.

31037

1. PLACE OF DEATH SEP 13 1934

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. Luthern Hospital St. ..... Ward)

File No. .....

Registered No. 8304

2. FULL NAME Alfred C. Parker

(a) Residence, No. 2911 Shenandoah Ave. St., 17 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: Male

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) July, 31st. 1876.

7. AGE: YEARS 58 MONTHS 0 DAYS 13 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) St. Louis, Mo.

FATHER

13. NAME Herman F. Parker

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

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Minnie V. Parker
(ADDRESS) 2911 Shenandoah Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine DATE Aug. 15th. 1934

19. UNDERTAKER Wacker-Helderle
(ADDRESS) 2331 S. Broadway

20. FILED Aug 14 1934 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August, 13th. 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1934, to Aug 13, 1934

I last saw her alive on Aug 13 1934 Death is said to have occurred on the date stated above, at 11 P.M.

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

Bronchus Pneumonia. Date of onset Aug 10 34

57

1077

Other contributory causes of importance: Diabetes

59

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 .....

Nature of injury .....

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

If so, specify .....

(Signed) Otto Letter, M. D.

(Address) 318. 14 Frisco Bldg

Dr Sutter