MAY 13 1935

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

Do not use this space.

791
1003
14738
3575

1. PLACE OF DEATH

County ..... Registration District No. 1003

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

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

File No. .....
Registered No. 3575

2. FULL NAME Florence Parker

(a) Residence, No. 2707 Delmar 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: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 8 1890

7. AGE: YEARS 44 | MONTHS 8 | DAYS 10 | If LESS than 1 day, ... hrs. or ..... min.

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. Home Hse
10. Date deceased last worked at this occupation (month and year) 8 mo's ago
11. Total time (years) spent in this occupation 1/2 year

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gould Ark

FATHER
13. NAME Thomas Bailey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

MOTHER
15. MAIDEN NAME Tamis Bailey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

17. INFORMANT (ADDRESS) Theodore Parker 2707 Delmar

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fr. Meramec DATE 4-23 1935

19. UNDERTAKER (ADDRESS) Mullen & Dilks 3054 Franklin Ave

20. FILED APR 20 1935 J. Bredenk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 18th-April 1935

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 9:40 P.M.

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

	Date of onset
Tumor of Brain (Malignant)	
Ventral Surface of left lobe	
of Cerrebellum.	

Other contributory causes of importance:

53

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

What test confirmed diagnosis? ..... 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) H. Lagaency, M. D.
(Address) Deputy Coroner
4/20/35

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