

DEC 12 1935

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

Do not use this space.

37404

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **Saint Louis** (No. **4289a Saint Louis Avenue**..... St. Ward)

File No. **9364**

Registered No.

2. FULL NAME **Gertrude Parker**(a) Residence, No. **4289a St. Louis Avenue**, **10** Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **Unavailable** 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, DIVORCED, OR SEPARATED (OR) WIFE OF **George Parker**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **October 28/1889**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
46 0 5

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

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 **Unk.**

12. BIRTHPLACE (CITY OR TOWN) **Grand Chain**
(STATE OR COUNTRY) **Illinois**

13. NAME **James Sanders**

14. BIRTHPLACE (CITY OR TOWN) **Grand Chain**
(STATE OR COUNTRY) **Illinois**

15. MAIDEN NAME **Millie Ann-Unavailable**

16. BIRTHPLACE (CITY OR TOWN) **Grand Chain**
(STATE OR COUNTRY) **Illinois**

17. INFORMANT **George Parker**
(ADDRESS) **4289a Saint Louis Avenue**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Washington Park** DATE **Nov 9th/1935**

19. UNDERTAKER **Charles J. Salls**
(ADDRESS) **4107 Finney Avenue**

20. FILED **NOV -7 1935** 19 **Joe Bredeck**
Registrar.

MEDICAL CERTIFICATE OF DEATH
NO PHYSICIAN IN ATTENDANCE21. DATE OF DEATH (MONTH, DAY, AND YEAR) **November 3, 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 **5: P.M.**

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

Arterio-sclerosis; Coronary Occlusion; Aortic Stenosis; Cardiac Hypertrophy

Date of onset

Other contributory causes of importance: **92**

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) **Frank L. Pauling**
(Address) **13th and Clark Streets,**

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.

OCCUPATION

MOTHER FATHER

