

JAN 13 1936

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

Do not use this space.

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1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1008**
City **St. Louis** (No. **2106**) **Urbana** St. Ward)

2. FULL NAME

Gda Mae Parker
(a) Residence, No. **2106** **Urbana** St., **21** Ward.
(Usual place of abode)

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 **col** 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) **Apr 14 1907**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
28 7 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housework**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **at home**
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) **Roland Mo**

13. NAME **Robt. Parker**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Urbana**

15. MAIDEN NAME **Thora Horster**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Chatt Miss**

17. INFORMANT **Thora Campbell**
(ADDRESS) **2106 Urbana**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington Park Dec. 8 1935**

19. UNDERTAKER **A. F. Bualdick Walker**
(ADDRESS) **2207 S. St. Louis**

20. FILED **DEC 8 1935**
J. Bredek Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **12-2**, 19**35**

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 **1506**

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

Corrosive Sublimate Poisoning self administered, Hepatitis acute, Acute Parenchymatous Nephritis, Chronic Myocarditis. Date of onset

Other contributory causes of importance: **163**

SUICIDE.

Name of operation _____ Date of _____

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 **11/20/35**

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. **Home**

Manner of injury **Poisoning.**

Nature of injury _____

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

If so, specify _____

(Signed) **J. Bredek** M. D.

(Address) **St. Louis**

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.

12/3/35

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