

FEB 11 1936

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

Do not use this space.

1. PLACE OF DEATH

 County
 Township *St. Louis*
 City *St. Louis* (No. *St. Lukes Hosp.*)

 Registration District No. **791**
 Primary Registration District No. **1003**

 File No. **3004**
 Registered No. **202**
 St. Ward)

2. FULL NAME

 (a) Residence, No. *13405 Oak Hill* St., *16* 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) *Dec 15, 1859.*
 7. AGE YEARS *76.* MONTHS *x* DAYS *22* If LESS than 1 day, hrs. or min.

 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired*
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *farmerly*
 10. Date deceased last worked this occupation (month and year) *with Russell Parker, St. Louis, Mo. 1930.*
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis, Mo.*13. NAME *Geo. W. Parker*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Calverton*15. MAIDEN NAME *Russella L. Russell*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis, Mo.*17. INFORMANT (ADDRESS) *G. W. Parker, #3405 Oak Hill.*18. BURIAL, CREMATION, OR REMOVAL PLACE *Bellefontaine* DATE *Jan 7, 1936*19. UNDERTAKER (ADDRESS) *C. R. Fupour Sons, 44449 Blvd.*20. FILED *JUN - 5 1936* *J. Bredeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan. 6, 1936*22. I HEREBY CERTIFY, That I attended deceased from *Jan 4, 1936* to *Jan 6, 1936*I last saw him alive on *Jan 6, 1936* Death is said to have occurred on the date stated above, at *9:30 a.m.*

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

 Carcinoma
 Oesophagus. 1 in.

Other contributory causes of importance:

Starvation 46

Name of operation Date of

What test confirmed diagnosis? *Clinical* 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? *No*

If so, specify

(Signed) *K. F. Blake*, M. D.(Address) *3720 Washington*MARGIN RESERVED FOR BINDER
WRITE 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.

Dr K. F. Glaze

3720 Washington

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