

DEC 3 1936

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

Do not use this space.

791

42957

1. PLACE OF DEATH

County.....  
Township.....  
City St. Louis, (No. ....) City Hospital No. 1

Registration District No. ....  
Primary Registration District No. 1003  
City Hospital No. 1

File No. ....  
Registered No. 11530  
St. .... Ward)

B. 11922 Barton Parker

2. FULL NAME

(a) Residence, No. 4511<sup>1/2</sup> Page St. 11 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 16, 1871.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
65 4. 2.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer and  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Eldg Contractor.  
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....  
Independence.

12. BIRTHPLACE (CITY OR TOWN)..... Kansas  
(STATE OR COUNTRY)

FATHER 13. NAME Sheldon Parker

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

MOTHER 15. MAIDEN NAME Marie Huette

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

17. INFORMANT Hosp. Infol M.H. Kent  
(ADDRESS) City Hospital No. 1

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cemetery DATE Nov, 21, 36.

19. UNDERTAKER C. R. Lupton & Sons.  
(ADDRESS) 4449 Olive Street.

20. FILED NOV 20 1936 J. T. Bredeck  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11.18.36 . 19

22. I HEREBY CERTIFY, That I attended deceased from 11/14/36 to 11/18/36 . 19

I last saw h. him alive on 11/18/36 . 19. Death is said to have occurred on the date stated above, at 11.15 p

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

Cerebral hemorrhage  
aneurysm of left internal  
carotid artery  
Essential hypertension  
Date of onset

Other contributory causes of importance:

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) Chas. M. Jessico . M. D.  
(Address) City Hospital No. 1

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.

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