

JAN 30 1937

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

Do not use this space.

791

46181

1. PLACE OF DEATH

County ..... Registration District No. 1003  
Township ..... Primary Registration District No. 6  
City St. Louis (No. 5618A Lotus Ave) St. .... Ward)

File No. ....  
Registered No. 11962  
St. .... Ward)

2. FULL NAME

Katherine Dorris Parker

(a) Residence, No. 5618A Lotus Ave St. 6 Ward. (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 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) May 20, 1924

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or, min.  
12 6 13

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

13. NAME Raymond L. Parker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chicago Ill

15. MAIDEN NAME Lorene Priesmeyer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

17. INFORMANT Raymond L. Parker  
(ADDRESS) 5618A Lotus Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters Cem. DATE Dec 5, 1936

19. UNDERTAKER J. F. Paschedag  
(ADDRESS) 282 N. Grand Blvd

20. FILED DEC 4 1936 J. F. Bredeck  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 26, 1936 to Dec 3, 1936

I last saw her alive on Dec 3, 1936. Death is said

to have occurred on the date stated above, at 7:30 P. M.

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

diphtheria

Date of onset

Admission to hospital Nov 26, 1936

Other contributory causes of importance:

none

Name of operation ..... Date of

What test confirmed diagnosis? none 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 none

(Signed) R. D. Piggler M. D.

(Address) 415 1/2 Belmont St

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.

