

NOV 4 1936

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis(No. City Hospital No. 2)

File No.....

Registered No.....

49126

10830

St. Ward)

2. FULL NAME

Parker, Baby(a) Residence, No. 1109 N. 14th St., 25 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

Undt

4. COLOR OR RACE

Negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

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

10 - 20 - 36

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day,hrs. ormin.

OCCUPATION

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

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.

FATHER

13. NAME

Daniel Parker

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

St. Louis, Mo.

MOTHER

15. MAIDEN NAME

Mary Ellis

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

Miss.

17. INFORMANT (ADDRESS)

Esther May Sherman 2945 Lawton

18. BURIAL, CREMATION, OR REMOVAL

PLACE City Cemetery DATE 10-30-36

19. UNDERTAKER (ADDRESS)

Ira Hamilton City Health Dept.20. FILED 29 1936Jt Predeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10 - 20 - 19 3622. I HEREBY CERTIFY, That I attended deceased from 10 - 20 - 19 36 to 10 - 20 - 36I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 7:50 P. M.

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

Date of onset

Prematurity10-20-36Stillborn

Other contributory causes of importance:

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....., 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) Thomas C. McFall, M. D.(Address) 2945 Lawton Ave.

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.

