

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

Do not use this space.

JUN 12 1937

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis, Mo** (No. **City Hospital #1**) St. Ward) **13**

File No. **18690**
 Registered No. **5266**

2. FULL NAME

(a) Residence, No. **City Sanitarium** St., **13** 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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **married**

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Lander Howard Parker**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 17 1894**
 7. AGE YEARS **42** MONTHS **10** DAYS **7** If LESS than 1 day, ... hrs. or ... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **nil**
 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 **Frank Steingraber**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Menton, Ill**

MOTHER 15. MAIDEN NAME **Caroline Reichman**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Menton, Ill**

17. INFORMANT **A. L. Kovate, Social Service** (ADDRESS) **City Hospital #1**

18. BURIAL, CREMATION, OR REMOVAL PLACE **City Crematory** DATE **May 27 1937**

19. UNDERTAKER (ADDRESS) **Mullens Bros** **475 1/2 Grand Blvd**

20. FILED **MAY 27 1937** **J. P. Predeck** Registrar.

No Physical Certificate of Death

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 27 1937**

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 **V. H. m.**

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

Septicemia following infected wound of left leg as a result of falling against wheel of chair in Bath Room
 Date of onset

Other contributory causes of importance:

City Sanitarium
from April 5-1937
Time unknown

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 **accident of injury** **1937**

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. **Public Place**

Manner of injury **See above**

Nature of injury **See above**

24. Was disease or injury in any way related to occupation of deceased? **No**

If so, specify **Joseph M. Quinn** (Signed)

(Address) **Deputy Coroner**

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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