

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.

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

Do not use this space.

SEP 24 1937

31604

1. PLACE OF DEATH  
 County St Charles Registration District No. 757  
 Township \_\_\_\_\_ Primary Registration District No. 3036  
 City St Charles (No. 1430 1/4, Fourth)  
 File No. \_\_\_\_\_ Registered No. 120  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Henry Parker  
 (a) Residence, No. St Charles Mo St. \_\_\_\_\_ 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

MEDICAL CERTIFICATE OF DEATH

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 Mary Ann Kintze

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 3 - 1861

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hra. or .....min.
<u>31</u>	<u>76</u>	<u>4</u>	<u>20</u>	

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

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) Louisiana Mo

MOTHER FATHER

13. NAME Nicolas Parker

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

15. MAIDEN NAME Betty Robison

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

17. INFORMANT Grover C Parker  
(ADDRESS) St Charles Mo

18. BURIAL, CREMATION, OR REMOVAL St Charles Mo  
 PLACE St Johns Cemetery DATE July 31 1937

19. UNDERTAKER H. C. Bellmeyer & Co.  
(ADDRESS) St Charles Mo

20. FILED 8/1 19 37 Clarence P. Threlkeld  
 Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28<sup>th</sup> 1937

22. I HEREBY CERTIFY, That I attended deceased from July 28 1937 to July 28 1937  
 I last saw h. alive on July 28 1936 Death is said to have occurred on the date stated above, at 9:45 P.m.  
 The principal cause of death and related causes of importance were as follows:  
Ulcer of stomach Date of onset unknown

Other contributory causes of importance:  
Gastric hemorrhage July 28 1937

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? Phys. Exam Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? none 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.  
none

Manner of injury none  
 Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_  
 (Signed) Will L Freeman M. D.  
 (Address) St Charles Mo.

Wheat of the ...

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