

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.

32830

1. PLACE OF DEATH

County St. Louis, Mo.
Township St. Louis, Mo.
City St. Louis, Mo. (No. 1003)

Registration District No. 791
Primary Registration District No. 1003

File No. 32830
Registered No. 8884
St. Ward

2. FULL NAME Irwin Parker

(a) Residence, No. 151 St. George St. St. Ward 23
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. 2 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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) June 29, 1934

7. AGE YEARS 3 MONTHS 2 DAYS 23 If LESS than 1 day,hrs. ormin.

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) Mo.

13. NAME Alandis Parker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dillard, Mo.

15. MAIDEN NAME Irene Brand

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

17. INFORMANT A. Lane (ADDRESS) 5600 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Steelville, Mo. DATE Sept 24, 1937

19. UNDERTAKER Alexander & Sons (ADDRESS) 675 Dequincy

20. FILER J. Bredeck (ADDRESS) 5600 Arsenal St. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 22, 1937, to Sept. 22, 1937. Death is said

I last saw him alive on Sept. 22, 1937. Death is said to have occurred on the date stated above, at 7:15 P. m. The principal cause of death and related causes of importance were as follows:

Diphtheria, faucial

Date of onset 9-18-37

Acute Toxic Myocarditis

Other contributory causes of importance:

Name of operation none Date of Sept. 22, 1937
What test confirmed diagnosis? clinical Was there an autopsy? no

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) Thos. H. Hirsch M. D.
(Address) 5600 Arsenal St.

