

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

32948

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003** Registered No. **9002**
(c) City St. Louis (d) Street No. 2513 1/2 N. Leffingwell St. St. Louis
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 2513 1/2 N. Leffingwell St. 20 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Col.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Unknown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>About 1856</u>		
7. AGE <u>About 81</u>	YEARS —	MONTHS —
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Nil.</u>		9. Industry or business in which work was done, as saw mill, bank, etc. <u>Nil.</u>
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) <u>Arkansas</u>		
13. NAME <u>Parker</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT (ADDRESS) <u>Earnest Parker</u> <u>2513 1/2 N. Leffingwell</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Greenwood</u> DATE <u>Sept. 27, 1937</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>H. C. Gordon</u> <u>2649 Welman Blvd.</u>		
20. FILED <u>J. H. Bredeck</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 17, 1937 to Sept 24, 1937
I last saw him alive on Sept 24, 1937 Death is said to have occurred on the date stated above, at 11 A. M.
The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia Date of onset Sept 17, 1937

Other contributory causes of importance:
General arterio-sclerosis ?

Name of operation none 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) D. F. Taylor M. D.
(Address) 316 Chautau

STATEMENT BY LICENSED EMBALMER

I, JD Richardson, Licensed Embalmer No. 2928
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me
L. E.
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed JD Richardson

Licensed Embalmer No. 2928

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)