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

Do not use this space.

20187

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. Christian Hospital St. ..... Ward)

File No. .....

Registered No. 5962

2. FULL NAME Porter G. Parker

(a) Residence. No. Marine Ill. St., 10 Ward. Marine Ill
(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: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec. 15-1853

7. AGE: Years 73 | Months 6 | Days 13 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Salesman
(c) Name of employer: Genl Mds

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Marine Ill

PARENTS

10. NAME OF FATHER: Andrew B. Parker
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): N. J.
12. MAIDEN NAME OF MOTHER: Not Known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ill.

14. INFORMANT: Fred Parker
(Address) 4531 McPherson

15. FILED JUN 29 1927 Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 28th 1927

17. I HEREBY CERTIFY, That I attended deceased from June 10th, 1926, to June 28th, 1927, that I last saw him alive on June 28th, 1927, and that death occurred, on the date stated above, at 5 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Uremia
General arteriosclerosis
131
97 B
13 (duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (SECONDARY): Chronic Interstitial Nephritis
(duration) ? yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Marine Ill

DID AN OPERATION PRECEDE DEATH? — DATE OF .....

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Laboratory

(Signed) Arthur Gundlach, M. D

6/29, 1927 (Address) 2202 Unionville

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Marine Ill. DATE OF BURIAL: June 29 1927

20. UNDERTAKER: H. Rindskopf ADDRESS: 5216 Delmar

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.

Home 4576 Holly.
office 2202 Unsecurity