

REC'D OCT 12 1938

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

791  
100830632  
Do not use this space.

## 1. PLACE OF DEATH

(a) County..... Registration District No.....  
(b) Township..... Primary Registration District No.....  
(c) City: St. Louis (d) Street No. 4283 Olive Registered No. 8069  
(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 Columbia E. Parker

(a) Residence, No. 4283 Olive St. 19 (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 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) May 2, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
60 8 4 9

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework  
9. Industry or business in which work was done, as 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) Waterloo /  
(STATE OR COUNTRY) Ala. /13. NAME William C. Parker14. BIRTHPLACE (CITY OR TOWN) Waterloo /  
(STATE OR COUNTRY) Ala. /15. MAIDEN NAME Rebecca Long16. BIRTHPLACE (CITY OR TOWN) Waterloo /  
(STATE OR COUNTRY) Ala. /17. INFORMANT Jones Parker  
(ADDRESS) 4283 Olive18. BURIAL, CREMATION, OR REMOVAL  
PLACE Valhalla DATE Sept. 13, '3819. FUNERAL DIRECTOR (NAME) Jay B. Smith  
(ADDRESS) 7456 Manchester20. FILED SEP 12 1938 J. F. Brubaker  
Local Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 11, 1938 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 - 1938 to Sept - 11 - 1938  
I last saw him alive on Sept 10 - 1938. Death is said to have occurred on the date stated above, at 8:30 a.m.  
The principal cause of death and related causes of importance were as follows:

acute gastritis aggravated by old age -  
Date of onset  
118  
Other contributory causes of importance:  
old age

Name of operation none Date of.....  
What test confirmed diagnosis? none 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? no  
If so, specify.....  
(Signed) Richard Bullard, M. D.  
(Address) 3829 Westminster Pl

3829 Westminster

STATE OF CALIFORNIA

DEPARTMENT OF HEALTH

OFFICE OF THE STATE EMBALMER

STATE OF CALIFORNIA

STATE OF CALIFORNIA

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed

*J. H. Burger*

Licensed Embalmer No.

4029

P. O. Address

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.)

If this body is not embalmed, above space should be left blank.