

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

Do not use this space.

13607

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. 791
Primary Registration District No. 1003

File No.....
Registered No. 3946
St..... Ward.....

2. FULL NAME

Henry Allen
(a) Residence No. 4035 West Belle St. 11 Ward.

(If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED married

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

Ida Allen

6. DATE OF BIRTH (MONTH, DAY AND YEAR) unknown 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
about 62 — —

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Writer
(b) General nature of industry, business, or establishment in which employed (or employer) Caterer
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis Mo
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ?
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ?
(STATE OR COUNTRY)

14. INFORMANT Ida Allen
(Address) 4035 W. Belle St.

15. FILED 100 26 1927 Max C. Starnes REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 26 1927

17. I HEREBY CERTIFY That I attended deceased from Nov 12, 1926, to Apr 22, 1927 that I last saw h. last alive on Apr 22, 1927, and that death occurred, on the date stated above, at 1322 m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Myocardial Infarction
900 yrs. mos. da.
CONTRIBUTORY (SECONDARY) 900 yrs. mos. da.

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

8 DID AN OPERATION PRECEDE DEATH..... DATE OF.....

8 WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....
(Signed) Dr. Thomas Guler, M. D.
4/25, 1927 (Address) 919 S. W. Sarah St.

*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 Greenwood DATE OF BURIAL Apr 26 1927

20. UNDERTAKER Maxwell Undertaking Co. ADDRESS 4000

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.

