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

Do not use this space.

35255

1. PLACE OF DEATH
County St Louis — Registration District No. 791
Township — Primary Registration District No. 1003
City St Louis Co (No. Deaconess Hosp. St. Ward)

File No.
Registered No. 10434

2. FULL NAME Mrs Elizabeth Allison

(a) Residence. No. 5721 Page Ave Stp 7 Ward.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 12, 1844

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	83	7	3	

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

9. BIRTHPLACE (CITY OR TOWN) Ills.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER James. Wharf
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Ills.
12. MAIDEN NAME OF MOTHER Mary Willis
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Ills.

14. INFORMANT Mrs Leach
(Address) 2718 N. 11th St

15. FILED NOV 21 1927, 19..... Max C Starkloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 15, 1927

17. I HEREBY CERTIFY, That I attended deceased from June 26, 1927, to Nov 15, 1927 that I last saw h. alive on Nov 15, 1927, and that death occurred, on the date stated above, at 4:40 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Rectum & lower end of Sigmoid
46 C
46 D (duration) 15 yrs. 7 mos. ds.
CONTRIBUTORY (SECONDARY) Senility
46 E (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? St Louis Co. Mo.
DID AN OPERATION PRECEDE DEATH? Yes DATE OF 5-13-27
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W H Behrens, M. D
11-17-, 1927 (Address) 4141 W. Belle Pl.

*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 Olney Ill — DATE OF BURIAL Nov 21 1927

20. UNDERTAKER Ky Leidner Und Co. — ADDRESS 1417 N. Market St.

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.