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

Do not use this space.

19394

1. PLACE OF DEATH
County: St Louis
Township: Central
City: (No. St Marys Hospital Ward)
Registration District No. 1170
Primary Registration District No. 6248 A
File No.
Registered No. 133

2. FULL NAME Sherman Rogers Allen
(a) Residence. No. 2735 Ellendale Ward. Maplewood Mo.
(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.

ALLEN

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
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) Aug 4 1910
7. AGE: Years 18 Months 9 Days 13 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Student
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) St Louis (STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Edward R Allen
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Bedalia Mo
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ind

14. INFORMANT E R Allen
(Address) 2735 Ellendale Ave
15. FILED 5/24 1929 C L Jensen REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 22 1929
17. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19..., that I last saw h... alive on ....., 19..., and that death occurred, on the date stated above, at 7:25 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Accidental Immersion
Automobile accident
210 M (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Fractured Skull
(duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Forest Park St Louis Mo
DID AN OPERATION PRECEDE DEATH? Was. DATE OF —
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Physical signs
(Signed) John R Connell M.D.
, 19 (Address) Coroner of St Louis County

*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: Oak Hill Cem. DATE OF BURIAL: May 25 1929
20. UNDERTAKER: Drehmann-Koral ADDRESS: 405 Reign

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.

WHITE PAPER, WITH CARBONS, MUST BE USED. THIS IS A PERMANENT RECORD

aug 9-18

$$\begin{array}{r} 29-5-23 \\ -16-8-9 \\ \hline 18-9-14 \end{array}$$