

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

Do not use this space.

**1. PLACE OF DEATH**

County.....

Registration District No. **791**  
**1003**

Township.....

Primary Registration District No. ....

City **St. Louis** (No. **City Hospital**)

File No. **19969**

Registered No. **5611**

St. .... Ward)

**2. FULL NAME**

(a) Residence No. **4440 Compton** Ward. **17**

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **2 1/2** 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 **married**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **May 12 1853**

7. AGE YEARS **76** MONTHS **9** DAYS **5** If LESS than 1 day, ..... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Kentucky**

10. NAME OF FATHER **John Allen**

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

12. MAIDEN NAME OF MOTHER **Mrs. ...**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Missouri**

14. INFORMANT (Address) **City Hospital**

15. FILED **MAY 21 1929** **May E. Starkey** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **May 19 1929**

17. I HEREBY CERTIFY That I attended deceased from **May 12** 19**29** to **May 19** 19**29** that I last saw him alive on **May 19** 19**29** and that death occurred, on the date stated above, at **12 20** m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**Chronic myocarditis**  
**chronic nephritis**  
**Senility** (duration) ..... yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) **Senility** (duration) ..... yrs. .... mos. .... ds.

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

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) **J. ...** M. D.

(address) **City Hospital**

\*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 **Fredent Cen** DATE OF BURIAL **May 22 1929**

20. UNDERTAKER **E. J. Schurr** ADDRESS **3125 Lafayette**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

237  
2  
31

Allen