

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

Do not use this space.

24472

1. PLACE OF DEATH

County Registration District No. 701
 Township Primary Registration District No. 1001
 City St. Louis, Mo. (No. 2676, S. 2nd St.)

File No.
 Registered No. 6604
 St. Ward)

2. FULL NAME

(a) Residence, No. 2676 No 2nd St., 17 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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF <u>Missus of G H Frank</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 14-1861</u>		
7. AGE YEARS <u>71</u>	MONTHS <u>1</u>	DAYS <u>3</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		11. Total time (years) spent in this occupation.....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year).....		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Miss.

13. NAME
Wm McAllister

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
La

15. MAIDEN NAME
Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
La.

17. INFORMANT (ADDRESS)
Wm Kahner 4627 Westminster

18. BURIAL, CREMATION, OR REMOVAL PLACE
St Matthews DATE July 19, 1932

19. UNDERTAKER (ADDRESS)
Jay B. Smith 4335 Washington Blvd.

20. FILED 15 1932 Chandler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17th, 1932

22. I HEREBY CERTIFY That I attended deceased from July 10th, 1932, to July 17th, 1932
 I last saw him alive on July 17th, 1932. Death is said to have occurred on the (date stated above), at 5 P. M.
 The principal cause of death and related causes of importance were as follows:

Heart exhaustion
57 acute enteritis
120 B
191
191
 Other contributory causes of importance:
Acute Senility

Name of operation non Date of
 What test confirmed diagnosis? Autopsy 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?
 If so, specify (Signed) L. E. Jones, M. D.
 (Address) 2202 No Bond

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.

NO ROOM RESERVED FOR BINDING

