

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

Do not use this space.

28378

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1013**

City **St. Louis Mo** (No. **Barnes Hosp**)

File No.....

Registered No. **7532**

St. Ward)

2. FULL NAME

(a) Residence, No. **3304 a No. 11th St.**, **26** 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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 16 - 1873**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 3 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Janitor**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Hay Packing Co**

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ills**

13. NAME **Wm S Allen**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ills**

15. MAIDEN NAME **not known**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ills**

17. INFORMANT **Mary Allin**
(ADDRESS) **3304 a No. 11th St**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Broughton Ills** DATE **Sept 1, 1933**

19. UNDERTAKER **W. J. Leidner Used for**
(ADDRESS) **11417 N. Market St.**

20. FILED **31** 1933 **J. Brebeck**
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug 30, 1933**

22. I HEREBY CERTIFY, That I attended deceased from **8-28, 1933** to **8-30, 1933**

I last saw him alive on **8-30, 1933** 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:

Coronary occlusion
Myocarditis, chr.
930
930
930

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? **N.e.** 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? **No.**
If so, specify **Cardi. Moore**, M. D.
(Signed) **Cardi. Moore**
(Address) **600 S. Kings Highway**

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.

SEP 26 1933

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