REC'D MAR 14 1938

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

791

Do not use this space. 4695

1. PLACE OF DEATH
(a) County ......
(b) Township ......
(c) City St. Louis

Registration District No. 1003
Primary Registration District No. ......
Registered No. 1340

(d) Street No. 2519 No. Market St. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred 40 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Almon E. Allen 450

(a) Residence, No. 2519 No. Market St. St. 20
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 28, 1874

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	63	11	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as saw mill, bank, etc. ......
10. Date deceased last worked at this occupation (month and year) ......
11. Total time (years) spent in this occupation ......

12. BIRTHPLACE (CITY OR TOWN) Campbells Port,
(STATE OR COUNTRY) Wisc.

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Jane Eastmann
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. Lyzetta Allen
(ADDRESS) 2519 No. Market St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park Cem DATE Feb. 7, 1938, 19

19. FUNERAL DIRECTOR Wm. F. Paschedag
(ADDRESS) 2825 N. Grand Blvd.

20. FILED FEB 6 1938, 19 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 4, 1938. , 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 26, 1938, to Feb 4, 1938

I last saw him alive on Feb. 3, 1938. Death is said to have occurred on the date stated above, at 5:30P m.

The principal cause of death and related causes of importance were as follows: | Date of onset

Myocarditis Chr. | 1 yr.

Other contributory causes of importance:

Nephritis Chronic | 1 yr.
Interstitial | 1 yr.

Name of operation No Date of ......
What test confirmed diagnosis? Lab. 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? No.
If so, specify ......

(Signed) M. O. Keeler, M. D.
(Address) 2505 No 15th St.

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, Wm. F. Paschedag, Licensed Embalmer No. 2311

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Guy Wilkinson

L. E.

No. 3575 or by, Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No. 2311

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)