REC'D JUN 9 1938

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

16319
Do not use this space.

3 / 1

1. PLACE OF DEATH
(a) County ..... Registration District No. 791
(b) Township ..... Primary Registration District No. 1008 Registered No. 4180
(c) City St Louis, (d) Street No. En route City Hospital #2 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Washington McAllister, 24 a
(a) Residence, No. 2812, rear, Thomas, St, St. 21
(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 Male
4. COLOR OR RACE Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mattie ArtieMcAllister,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6 th 1894
7. AGE YEARS 43 MONTHS 9 DAYS 26 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Handy-man, lbr,
9. Industry or business in which work was done, as saw mill, bank, etc. Houston's Fun Home,
10. Date deceased last worked at this occupation (month and year) 5yrs,
11. Total time (years) spent in this occupation 5 yrs,

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shannon, Miss. 1

FATHER
13. NAME Dont Know 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know, Dont know. 1

MOTHER
15. MAIDEN NAME Willie Roberson.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shannon, Miss. 1

17. INFORMANT (ADDRESS) Mattie Artie McAllister - 2812, Thomas, St, rear,
18. BURIAL, CREMATION, OR REMOVAL PLACE Jefferson-Barracks, Mo 5/7/38.
19. FUNERAL DIRECTOR (ADDRESS) R.C.Houston, Jr, 2812, Thomas, St, St Louis, MO
20. FILED MAY - 6 1938 J F Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH
NO PHYSICIAN IN ATTENDANCE

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2nd 1938
22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11:0 a.m.
The principal cause of death and related causes of importance were as follows:

Double Lobar Pneumonia with effusion.
Hemorrhagic Oedema of the Brain.

Date of onset

Other contributory causes of importance:

108

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

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) Joseph M. Quinn, M.D.
(Address) Deputy Coroner

(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, D. C. Stewart Jr., Licensed Embalmer No. 2266

hereby certify that the body recorded on the reverse side of this certificate was embalmed by my self

L. E.

No. — or by —, Registered Apprentice No. —

working under my personal supervision.

Signed D. C. Stewart Jr.

Licensed Embalmer No. 22

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.)