

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

30920
Do not use this space.

REC'D OCT 14 1939

**791
1003**

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 2
 (b) Township 1 Primary Registration District No. 7983
 (c) City St. Louis (d) Street No. 339 Antelope St. St. St.
 (e) Length of residence in city or town where death occurred 10 yrs. mos. ds. (f) How long in U.S., if of foreign birth 54 yrs. mos. ds.

2. PRINT/FULL NAME Roberta Allen

(a) Residence, No. 339 Antelope St. St. 8
 (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 Female 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 Reuben Allen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14 1885

7. AGE YEARS 54 MONTHS 3 DAYS - If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. House Work
 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) Tennessee

FATHER 13. NAME William Rollins

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

MOTHER 15. MAIDEN NAME Martha Clinard

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

17. INFORMANT (ADDRESS) Reuben Allen
339 Antelope St.

18. BURIAL, CREMATION, OR REMOVAL Granit City Ill.
 PLACE St. Johns Cem. DATE Sept. 18 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Diedrich Funeral Home
8319 Halls Ferry Rd.

20. FILED SEP 16 1939
J. B. Bredner Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 14 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1934, to Sept. 14, 1939
 I last saw h. alive on Sept. 14, 1939. Death is said to have occurred on the date stated above, at 11:50 p.m.
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Chr. Nephritis
 Date of onset 10/24/37

Other contributory causes of importance: Chr. Nephritis

Name of operation Date of
 What test confirmed diagnosis? Hemogram. 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) John P. Moore M.D.
 (Address) 8209 1/2 S. Broadway

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. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD I X14028

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed *Arthur R. Friedrich*

Licensed Embalmer No. *3556*

P. O. Address *St. Louis*

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

If this body is not embalmed, above space should be left blank.