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.

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

Do not use this space.

6498

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. Grand Central Theatre St. ..... Ward)

File No. .....

Registered No. 1710

2. FULL NAME Charles Claflin Allen

(a) Residence. No. 5316 Pershing St., 12 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: Carrie L. Allen

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 25-1855

7. AGE: Years 71 | Months 6 | Days 23 | If LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Judge

(b) General nature of industry, business, or establishment in which employed (or employer): Circuit Court

(c) Name of employer: Retired

9. BIRTHPLACE (CITY OR TOWN): St. Louis
(STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: John A. Allen

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Mass

12. MAIDEN NAME OF MOTHER: Jane White

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY): N. Carolina

14. INFORMANT: Dudley French
(Address): 484 Lake

15. FILED 10 1927 19 Max C Starkloff REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb. 18 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov 24, 1924, to Feb 18, 1927, that I last saw him alive on ~~Nov~~ Feb 18, 1927, and that death occurred, on the date stated above, at 2:15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

90 B Acute cardiac
90 B dilatation
102

90 B (duration) ..... yrs. ..... mos. 15 min ds.

CONTRIBUTORY (SECONDARY): Chr. myocarditis with hypertension (duration) 3 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? Home

0 DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Anthony B. Day, M. D

2/18, 1927 (Address) 910 University Club Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Valhalla Crematory

DATE OF BURIAL: Feb 19 1927

20. UNDERTAKER: Wagoner

ADDRESS: 3621 Olive

Dr Day
336 N. Newstead