JUN 29 1927

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

Do not use this space. 16289

1. PLACE OF DEATH
County St Louis — Registration District No. 1160 — File No. 41
Township ~~Central~~ — Primary Registration District No. 4470 — Registered No.
City University City — 6534 Crest Ave., St. ..... Ward)

2. FULL NAME Fredrick G. Allin
(a) Residence. No. 6534 Crest Ave., St., ... Ward. (If nonresident give city or town and State)
(Usual place of abode)
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~~ Margaret Allin

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 21, 1862

7. AGE: Years 64 | Months 4 | Days 26 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Construction Work
(b) General nature of industry, business, or establishment in which employed (or employer): Board of Education of St. Louis, Mo.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England

PARENTS
10. NAME OF FATHER: Don't Know
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): England
12. MAIDEN NAME OF ~~FATHER~~ MOTHER: Don't Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): England

14. INFORMANT (Address): Mrs. Margaret Allin, 6534 Crest Ave.

15. FILED 5-17, 1927 Gillian Byrne, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 16, 1927

17. I HEREBY CERTIFY, That I attended deceased from May 10, 1927, to May 16, 1927, that I last saw him alive on May 15, 1927, and that death occurred, on the date stated above, at 6:30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar pneumonia
108
1278
1010
(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (SECONDARY) Cholangitis
(duration) ..... yrs. ..... mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no.
WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam.
(Signed) F. J. Pfeffer, M. D
May 16, 1927 (Address) Metropolitan 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: Oak Grove Cem. — DATE OF BURIAL: May 19, 1927.

20. UNDERTAKER: Jos. W. Clark — ADDRESS: 1125 Hodiamont Ave.

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.

THIS IS A PERMANENT RECORD