

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

Do not use this space.

22377

1. PLACE OF DEATH

County St. Louis
Township Central
City Manchester

Registration District No. 786
Primary Registration District No. 4469

File No.
Registered No. 37
St. Ward)

2. FULL NAME

(a) Residence. No. 7275 Manchester St. 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 George Allen

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 4 1859

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
68 7 28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Ill
(STATE OR COUNTRY)

10. NAME OF FATHER Not known

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Ill

12. MAIDEN NAME OF MOTHER Ashburn

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Ill

14. INFORMANT Minnie Helm
(Address) 7275 Manchester

15. FILED 7/2, 1927 Mercedes Schuster
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 2 1927

17. I HEREBY CERTIFY, That I attended deceased from June 13, 1927, to July 2, 1927, and that the last saw him alive on July 2, 1927, and that death occurred, on the date stated above, at 307 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Stomach

46 D
44 D (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? no

0 DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical Findings
(Signed) Dr. J. C. Gorman, M. D.

7/2, 1927 (Address) Sutton & Elm Ave

*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 DATE OF BURIAL

Piedmont Mo 7/4 1927

20. UNDERTAKER ADDRESS

Croghan 7146 Manchester

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.

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