

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

Do not use this space.

32397

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City **St. Louis, Mo.** (No. **Bethesda Prop.**) St. .... Ward)

File No. ....  
Registered No. **10410**  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. **4637** **Delmas Ave.** St. **19** Ward. (If nonresident give city, town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. **9** How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** **Female** | **4. COLOR OR RACE** **White** | **5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

**5A. IF MARRIED, WIDOWER, OR DIVORCED HUSBAND OF (OR) WIFE OF**

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** **Sept. 14<sup>th</sup> 1928**

**7. AGE** YEARS MONTHS DAYS | IF LESS than 1 day, hrs. or min.  
**8** | **9**

**8. OCCUPATION OF DECEASED**

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

**9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** **Bethesda St. Louis, Mo.**

**10. NAME OF FATHER**

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

**12. MAIDEN NAME OF MOTHER** **Mary Allen**

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)** **Missouri**

**14. INFORMANT (Address)** **J. E. Schroeder 3657 Vista Ave.**

**15. FILED** **1928** **24** **Maud Starzoff** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** **9-29-1928**

**17. I HEREBY CERTIFY** That I attended deceased from **14** **Sept** **1928** to **9/23/1928** that I last saw him alive on **Sept 23** **1928** and that death occurred, on the date stated above, at **1:25 A.M.**

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

**Accidental Birth 6 1/2 months**

**CONTRIBUTORY (SECONDARY)**

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

**19. DID AN OPERATION PRECEDE DEATH?** **no** DATE OF.....

**20. WAS THERE AN AUTOPSY?** **no**

**WHAT TEST CONFIRMED DIAGNOSIS?** (Signed) **C. W. Bassett** M. D.

, 19 (Address) **4500 Olive Street**

\*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**  
**POLYMER FIELD** **SEP 25 1928**

**20. UNDERTAKER** **ADDRESS**  
**C. Shann 1426 Canal**

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



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County.....

Registration District No. 991

File No.....

Township.....

Primary Registration District No. 1003

Registered No. 10410

City St. Louis (No.....) St..... Ward.....

**2. FULL NAME**

Virginia Lee Allen

(a) Residence. No..... 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX..... 4. COLOR OR RACE..... 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word).....

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF.....

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

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

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work..... (duration) yrs. mos. ds.  
(b) General nature of industry, business, or establishment in which employed (or employer)..... (duration) yrs. mos. ds.  
(c) Name of employer.....

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

10. NAME OF FATHER unknown

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

12. MAIDEN NAME OF MOTHER.....

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

**14.**

INFORMANT (Address).....

**15.**

FILED DEC - 7 - 1928 May E. Starker REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-23-1928

17. I HEREBY CERTIFY, That I attended deceased from....., 19..... that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

18. WHERE WAS DISEASE CONTRACTED..... (duration) yrs. mos. ds.  
IF NOT AT PLACE OF DEATH.....  
DID AN OPERATION PRECEDE DEATH..... DATE OF.....  
WAS THERE AN AUTOPSY?.....  
WHAT TEST CONFIRMED DIAGNOSIS?.....  
(Signed)....., M. D.  
....., 19..... (Address).....

18. WHERE WAS DISEASE CONTRACTED.....

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed)....., M. D.

....., 19..... (Address).....

\*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.....

20. UNDERTAKER..... ADDRESS.....

REGISTRATION INFORMATION CAREFULLY SUPPLIED. AGE SHOULD BE STATED IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENTS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

**SUPPLEMENTARY**

5-32204