

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

Do not use this space.

42888

**1. PLACE OF DEATH**

County.....  
Township.....  
City St. Louis

Registration District No. 791  
Primary Registration District No. 1003  
(No. 3733<sup>e</sup> 9<sup>o</sup> 25<sup>e</sup> St.)

File No.....  
Registered No. 12157  
St. .... Ward)

**2. FULL NAME**

Grace B. Allen

(a) Residence. No. 3733<sup>e</sup> 9<sup>o</sup> 25<sup>e</sup> St., 20 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  
4. COLOR OR RACE  
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Female White Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 9, 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
49 11 4

**8. OCCUPATION OF DECEASED**

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

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

10. NAME OF FATHER James M. Allen

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

12. MAIDEN NAME OF MOTHER Ella Johnson

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

14. INFORMANT (Address) Charles Allen  
3733<sup>e</sup> 9<sup>o</sup> 25<sup>e</sup> St.

15. FILED 14 1928 Max C. Stanley REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 13 1928

17. I HEREBY CERTIFY, That I attended deceased from July 1<sup>st</sup>, 1918, to Dec 13<sup>th</sup>, 1928, that I last saw her alive on Dec 13, 1928, and that death occurred, on the date stated above, at 10:30 a.m.

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

Myxoedema  
Thyroid Gland

(duration) 18 yrs. mos. da.

CONTRIBUTORY (SECONDARY) 60/31 (duration) yrs. mos. da.

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? Selfish (Signed)..... M. D.

Dec 13, 1928 (Address) 415 W. Floriss court

\*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 Graves Cem. DATE OF BURIAL Dec 15, 1928

20. UNDERTAKER Howell Co. 2707 Grand ADDRESS

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 CAREFULLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

FEB 4 1943