

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

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City **St. Louis** (No. **4643 - Rosa Ave**)

**43262**

File No.....  
 Registered No. **12569**  
 St. .... Ward)

**2. FULL NAME**

(a) Residence No. **4643 - Rosa Ave R** 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**

<b>3. SEX</b> Male		<b>4. COLOR OR RACE</b> white		<b>5. SINGLE, MARRIED, WIDOWED OR DIVORCED</b> (write the word) Married	
<b>5A. IF MARRIED, WIDOWED, OR DIVORCED</b> HUSBAND OF (OR) WIFE OF Margaret Allen					
<b>6. DATE OF BIRTH</b> (MONTH, DAY AND YEAR) Feb 6 - 1881					
<b>7. AGE</b>	YEARS 47	MONTHS 10	DAYS 16	If LESS than 1 day, ..... hrs. or ..... min.	
<b>8. OCCUPATION OF DECEASED</b>					
(a) Trade, profession, or particular kind of work Iron Worker					
(b) General nature of industry, business, or establishment in which employed (or employer)					
(c) Name of employer					
<b>9. BIRTHPLACE</b> (CITY OR TOWN) Missouri (STATE OR COUNTRY)					
<b>PARENTS</b>	<b>10. NAME OF FATHER</b> John Allen				
	<b>11. BIRTHPLACE OF FATHER</b> (CITY OR TOWN) Missouri (STATE OR COUNTRY)				
	<b>12. MAIDEN NAME OF MOTHER</b> Unknown				
	<b>13. BIRTHPLACE OF MOTHER</b> (CITY OR TOWN) Missouri (STATE OR COUNTRY)				
<b>14. INFORMANT</b> Margaret Allen (Address) 4643A Rosa Ave					
<b>15. FILED</b> DEC 24 1928 W. C. Stankuff REGISTRAR					

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH** (MONTH, DAY AND YEAR) Dec 22 1928

**17. I HEREBY CERTIFY, That I attended deceased from**....., 19....., to....., 19....., and that I last saw him..... alive on....., 19....., and that death occurred, on the date stated above, at....., 1928 m.

**18. THE CAUSE OF DEATH\* WAS AS FOLLOWS:**  
 Shock and Injuries, Fractured ribs  
 Resulting in fall from scaffold in East St. Louis  
 CONTRIBUTORY (SECONDARY) accident (duration)..... yrs..... mos..... ds.

**18. WHERE WAS DISEASE CONTRACTED**  
 IF NOT AT PLACE OF DEATH.....

**19. DID AN OPERATION PRECEDE DEATH?**..... DATE OF.....  
 WAS THERE AN AUTOPSY?.....  
 WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) J. W. Hurley  
 12/24, 1928 (Address) Deputy Coroner

\*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.

<b>19. PLACE OF BURIAL, CREMATION, OR REMOVAL</b> Sunset Burial Park	<b>DATE OF BURIAL</b> Dec 24 1928
<b>20. UNDERTAKER</b> Wacker-Heldorfe	<b>ADDRESS</b> 2331 S. Blaney

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.

