

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

Do not use this space.

14338

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 2A55
City St. Louis (No. City Hospital) St. Ward)

File No.....
Registered No. 3674

2. FULL NAME

11082
Full Name Charles McAllister
(a) Residence, No. 3416 St. Washington Ward.....
(Usual place of abode)
Length of residence in city or town where death occurred 39 yrs. mos. ds. 21 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) single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 22 - 186
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 2 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 182
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
13. NAME Jas. McAllister
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
15. MAIDEN NAME Catherine Rylander
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Hospital Information City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Sturgeon Mo. DATE April 16 1938

19. UNDERTAKER (ADDRESS) Geo. L. Plutah Inc. 5966 Eastern Ave.

20. FILED APR 15 1938 W. L. Sturckoff Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14, 1938
22. I HEREBY CERTIFY, That I attended deceased from Sept. 23rd, 1937 to April 14th, 1938
I last saw him alive on April 14th, 1938 Death is said to have occurred on the date stated above, at 3:40 a.m.
The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis far advanced.
237
238
239
Other contributory causes of importance: Pulmonary hemorrhage.
Date of onset: 1

Name of operation None Date of.....
What test confirmed diagnosis? x-ray Was there an autopsy yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify As shown
(Signed) A. S. Muenich M. D.
(Address) City Hospital

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.

