

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

Do not use this space.

✓
18128
File No. _____
Registered No. **5104**
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. **701**
Township _____ Primary Registration District No. **1003**
City **St. Louis** (No. **4368 Garfield Ave**)

2. FULL NAME

Lou Allison
(a) Residence, No. **4368 Garfield Ave**, St. **11** Ward. (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 **Female** 4. COLOR OR RACE **Col.** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word) **Single**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Unknown**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
abt 88 - -

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **domestic**
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) **Russellville, Ky.**

FATHER
13. NAME **George Myers**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Russellville, Ky.**

MOTHER
15. MAIDEN NAME **Unknown**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown 31**

17. INFORMANT (ADDRESS) **Ida Cooper 4368 Garfield Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE **Greenwood Cem. 5/27/32**

19. UNDERTAKER (ADDRESS) **Peoples and Co 3260 S. 7th St. St. Louis**

20. FILED **7 26 1932**

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 24th 1932**
22. I HEREBY CERTIFY, That I attended deceased from **May 22, 1932** to **May 24, 1932**
I last saw her alive on **May 24, 1932** Death is said to have occurred on the date stated above, at **12:01 a.m.**
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis 24 yrs.
930
Other contributory causes of importance: **930**
Date of onset _____

Name of operation _____ Date of _____
What test confirmed diagnosis? **Cholera** Was there an autopsy? **No**

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? **No**
If so, specify _____
(Signed) **S. E. Moore**, M. D.
(Address) **801 1/2 N. Jefferson Ave**

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.

