

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

Do not use this space.

10961

1. PLACE OF DEATH

County St. Louis Registration District No. 189
 Township Central Primary Registration District No. 6033B
 City (No. 6211 Julian Ave) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1211 Julian 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 Female 4. COLOR OR RACE White 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 1866

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

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

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

FATHER 13. NAME Alexander M. Allister

14. BIRTHPLACE (CITY OR TOWN) Scotland (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Abbie Burk

16. BIRTHPLACE (CITY OR TOWN) Ireland (STATE OR COUNTRY)

17. INFORMANT Abbie M. Allister (ADDRESS) 6211 Julian Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE 3/14 1933

19. UNDERTAKER Arthur J. Donnelly (ADDRESS) 3840 Lindbergh Blvd

20. FILED 3/12 1933 Green, Bruce M. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1932, 1932, to March 11, 1933, 1933

I last saw her alive on March 11, 1933 Death is said to have occurred on the date stated above, at 4 P. M.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Chronic nephritis
12/19/31
 Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? _____

If so, specify _____

(Signed) Arthur A. Campbell M. D.

(Address) 3402 N. Howard

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

APR 28 1933

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Dr. Coughlin
3400 N. Union
10-12