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.

NOV 10 1933

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

Do not use this space.

34877

1. PLACE OF DEATH

County ..... Registration District No. 291 File No. .....

Township ..... Primary Registration District No. 298 Registered No. 9054

City St Louis (No. City Hospital No 2 St. ..... Ward)

2. FULL NAME Allen Denwiddie

(a) Residence, No. 3114 Hickory St St., 18 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Male
4. COLOR OR RACE: Cae
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feby 4th 1875

7. AGE: YEARS 57 MONTHS 8 DAYS 11 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Mary's Mo

FATHER

13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

MOTHER

15. MAIDEN NAME: Celeste Unk
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

17. INFORMANT (ADDRESS): Mary Denwiddie 3114 Hickory St

18. BURIAL, CREMATION, OR REMOVAL PLACE: Washington Pk DATE: 10-10, 1933

19. UNDERTAKER (ADDRESS): Chas. J. Yates 4107 Finney Ave.

20. FILED ....., 19.... J H Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

No Physician in Attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct - 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 2:40 p.m.

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

	Date of onset
17 Encephalitis (epidemic)	
102 Hypertension	

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) Harold H Schultz, M.D.

10/18/33 (Address) Dep. Coroner