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.

AUG 1 8 1934

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123 — File No. 27764

Township Carondelet — Primary Registration District No. 6748 B — Registered No. 1270

City Jefferson Barracks, Mo. (No. Veterans' Administration Facility St. Ward)

2. FULL NAME George F. ALLEN

(a) Residence, No. 5924 Michigan Ave., St. Louis, Mo. 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs. Frieda Allen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): January 5, 1844

7. AGE: YEARS 90 — MONTHS 6 — DAYS 19 — If LESS than 1 day, - hrs. or - min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Sign Painter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Unavailable
10. Date deceased last worked at this occupation (month and year): 1904
11. Total time (years) spent in this occupation: 35 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ripley Ohio

FATHER

13. NAME: George W. Allen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unavailable Ohio

MOTHER

15. MAIDEN NAME: Mary Burt
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unavailable ~~Ohio~~

17. INFORMANT (ADDRESS): C. H. Smith, M.D., Clin. Dir., Vets. Adm. Fac., Jeff. Bks., Mo.

18. BURIAL, CREMATION, OR REMOVAL — PLACE: St. Trinity Cath. DATE: 7-28, 1934

19. UNDERTAKER (ADDRESS): Southern Funeral Home, 6322 S. Grand Blvd.

20. FILED: 7-26, 1934 — B. H. Tate, M.D., Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1934 to July 24, 1934

I last saw him alive on July 24, 1934. Death is said to have occurred on the date stated above, at 10:15 P.M.

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

	Date of onset
Chronic Nephritis, complicated by Uremia	Unkn.
131	
93 C	
93	

131

Other contributory causes of importance:

Myocarditis, chronic, associated with hypertrophy & mild dilatation; arteriosclerosis --	Unkn.

Name of operation: none — Date of: - -

What test confirmed diagnosis? Physical, Clinical, X-Ray & Laboratory findings — 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) W. C. GIBSON, M.D., Manager, MD.

(Address) Vets. Adm. Fac., Jeff. Bks., Mo.