

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

Do not use this space.

31483

1. PLACE OF DEATH <sup>ACT 8 1935</sup>  
 County St. Louis Registration District No. 1123  
 Township Carondelet Primary Registration District No. 6248E  
 City Luttwitz (No. 111 St. Rose Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 File No. \_\_\_\_\_  
 Registered No. 334  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Leah Allen  
 (a) Residence, No. Meramec Station Road St. Ward. Valley Park Mo  
 (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 <u>♀</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Halter Allen</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>5-30-189</u>				
7. AGE YEARS <u>47</u>	MONTHS <u>3</u>	DAYS <u>21</u>	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>			
	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) (STATE OR COUNTRY) <u>Mo</u>				
FATHER	13. NAME <u>James Studdard</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>			
MOTHER	15. MAIDEN NAME <u>Mary Pratt</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>			
17. INFORMANT <u>Mrs. Zona M. Town</u> (ADDRESS) <u>Valley Park Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Luttwan Mo</u> DATE <u>9-7-35</u>				
19. UNDERTAKER <u>Lewis &amp; Bopp, Hickwood Mo</u> (ADDRESS)				
20. FILED <u>Sept. 21, 1935</u> <u>L. Mooney</u> Registrar.				

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-21-1935

22. I HEREBY CERTIFY That I attended deceased from Aug. 21, 1935 to Sept. 21, 1935  
 I last saw her alive on Sept. 20, 1935 Death is said to have occurred on the date stated above, at 6:24 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Pulmonary Tuberculosis April 1935  
Chronic myocarditis Aug 1935  
 Other contributory causes of importance: \_\_\_\_\_  
 Name of operation Pharyngotomy Date of 7/29/35  
 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? No  
 If so, specify \_\_\_\_\_ (Signed) John M. Dine, M. D.  
 (Address) 7101 So. Pryor

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.

