FEB 11 1936

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

Do not use this space.

791 3157

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 381

Township ..... Primary Registration District No. ..... Registered No. .....

City St. Louis, Mo (No. St. Anthony Hospital St. ..... Ward)

2. FULL NAME Herbert M. Allen

(a) Residence, No. 4924 Potomac St., 14 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 52 yrs. - mos. 22 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. Anna Papin Allen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 17-1883

7. AGE: YEARS 52 | MONTHS - | DAYS 22 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Flour Mills
10. Date deceased last worked at this occupation (month and year) December 28, 1935
11. Total time (years) spent in this occupation 30 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sedalia, Mo.

FATHER

13. NAME Charles Allen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

MOTHER

15. MAIDEN NAME Mattie Bowen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia

17. INFORMANT (ADDRESS) Mrs. Anna Allen 4924 Potomac

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Genevieve, Mo DATE Jan. 11, 1936

19. UNDERTAKER (ADDRESS) Biederwieden Funeral Home, Inc. 1936 St. Louis Avenue

FILED 10 1936, 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from November 11, 1935, to Jan 8, 1936
I last saw him alive on January 8, 1936. Death is said to have occurred on the date stated above, at 7:55 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Ruptured Peptic Ulcer	
(2) Multiple Gastric Ulcer	Nov 1 35
(3) Esophageal Ulcer	
(4) Cirrhosis Liver	

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Other contributory causes of importance:

Ulcers of Bladder

Name of operation Drainage of Bladder Date of Dec 28 35
What test confirmed diagnosis? Post 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) Julius Chas Rother, M. D.
(Address) 2603 Cherokee St.

—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
USE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. [illegible]lius Rotler