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 18 1936

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

791

Do not use this space.

28303

29317

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. ..... Registered No. 8104

City St. Louis, Mo (No. 2620 No Leffingwell St. ..... Ward)

2. FULL NAME Frank Allen

(a) Residence, No. 2620 N. Leffingwell St., 20 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: Col.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 9, 1871

7. AGE: YEARS 65 | MONTHS 9 | DAYS 27 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Labor

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): St. Louis Mo

FATHER

13. NAME: John Allen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo.

MOTHER

15. MAIDEN NAME: Irene Mather

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo

17. INFORMANT (ADDRESS): Ella Allen 2620 N. Leffingwell

18. BURIAL, CREMATION, OR REMOVAL

PLACE Washington Park DATE 8/11/36 19

19. UNDERTAKER (ADDRESS): Dement & Son 2631 Wash Street

20. FILED AUG 31 1936 19 J. A. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 27, 1936

22. I HEREBY CERTIFY: That I attended deceased from Jan 26 1936 to July 27, 1936

I last saw him alive on July 27, 1936 Death is said to have occurred on the date stated above, at 1 a.m.

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

	Date of onset
Cerebral Embolism & Thrombosis	Jan. 26 36
Hemiplegia Results of	
Other contributory causes of importance: Cerebral Hemorrhage	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Symptoms Was there an autopsy?

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) L. B. Walthall M.D., M. D.

(Address) 1501 N. Jefferson