OCT 5 1936

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

Do not use this space.

36026

File No.

Registered No. 9651

1. PLACE OF DEATH

County

Township

City St. Louis, Mo (No. ~~500 So. Kingshighway~~ ST LOUIS CHILDRENS HOSP. St. Ward)

Registration District No. 791

Primary Registration District No. 1008

2. FULL NAME Judith Allebaugh

(a) Residence, No. 212 Southwest St., N.R. Ward. Alexandria Ind.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F.	Wht	Child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF child

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-12-1936

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	7	10	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ellwood Illionis

FATHER

13. NAME Meredith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiania

MOTHER

15. MAIDEN NAME Thelma Conrad

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illionis

17. INFORMANT T. S. Westhoff
(ADDRESS) ~~500 So. Kingshighway~~

18. BURIAL, CREMATION, OR REMOVAL
PLACE Alexandria, Ind. DATE Sept 22, 1936

19. UNDERTAKER Craig Undertaking Co.
(ADDRESS) 4468 Washington Ave.

20. FILED SEP 22 1936 J. J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-22, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1936, to Sept. 22, 1936, I last saw her alive on Sept. 22, 1936. Death is said to have occurred on the date stated above, at 12:50 P.M.

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

	Date of onset
Congenital Heart Disease	Birth
Otitis media	4-25-36
Bronchopneumonia	9-20-36

Other contributory causes of importance: —

Name of operation Mastoidectomy Date of 7-7-36

What test confirmed diagnosis? — 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) R. J. Blattner, M. D.

(Address) 500 So. Kingshighway Blvd. St. Louis, Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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