WHITE 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.

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

Do not use this space.

FEB 8 1937

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 3285

Township ..... Primary Registration District No. 1003 Registered No. 313

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

2. FULL NAME Caroline Magdalena Allen

(a) Residence, No. 3602 W. Florissant Ave. St. 9 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~ (*write the word*): Widowed

5A. IF MARRIED, WIDOWED, OR ~~DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF Ed. Allen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 28th 1876

7. AGE: YEARS 60 | MONTHS 2 | DAYS 10 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gift Shop 16a

10. Date deceased last worked at this occupation (month and year) Jan. 7th, 1936

11. Total time (years) spent in this occupation 7 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Galconda, Ill 2

FATHER

13. NAME Benjamin A. Herring

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England 8

MOTHER

15. MAIDEN NAME Theresa Rapsilber

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 30

17. INFORMANT (ADDRESS) Hy. Herring Robertson, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Valhalla DATE Jan. 11th, 1937

19. UNDERTAKER (ADDRESS) KRAEGER-VOSS-FIX, Inc. 3402 N. Kingshighway

20. FILED JAN 8 1937 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

No physician in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 6.30 m.

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

Cerebral Apoplexy

Other contributory causes of importance:

Arteriosclerosis

Date of onset

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

What test confirmed diagnosis? ..... 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) Alfred Perry, M.D.

(Address) Deputy Coroner