

APR 27 1937

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

Do not use this space.

13530

1. PLACE OF DEATH

County St. Louis Registration District No. 790 File No. _____
Township Clayton Primary Registration District No. 6033^a Registered No. 75
City St. Louis (No. St. Louis County Hosp.) St. _____ Ward _____
University City

2. FULL NAME

James Allen
(a) Residence, No. 2043^a Division St., Ward. _____
(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 Female 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 15, 1894

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
43 27

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. Laundress

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

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

12. BIRTHPLACE (CITY OR TOWN) Michigan
(STATE OR COUNTRY) Spain

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT James Hopkins
(ADDRESS) 928^{1/2} 14th St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Washington Park DATE 2/22/37 19. _____

19. UNDERTAKER Element & Son
(ADDRESS) 2631 Wash. St.

20. FILED 719 1937 Dec 1 Se. J. Signorelli
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 11, 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 2:28 pm.

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

Street car accident Date of onset 2/11/37
Struck by street
car while a pedestrian
on street car
rightaway

Other contributory causes of importance: _____

Fractured skull 2/11/37

Name of operation None Date of _____

What test confirmed diagnosis Physical. Was there an autopsy yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Feb. 11, 1937

Where did injury occur? St. Louis Co. Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Public Place

Manner of injury Struck by street car

Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Jno. D. Connell M. D.

(Address) Parson St. Louis Co.

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.

RECORD

