

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

**32735**  
Do not use this space.

**1. PLACE OF DEATH**

(a) County St. Louis Mo. Registration District No. 891  
 (b) Township City Infirmary Primary Registration District No. 1008 Registered No. 8789  
 (c) City St. Louis Mo. (d) Street No. City Infirmary St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

(a) Residence, No. City Infirmary St. 13 (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 1 1862</u>		
7. AGE	YEARS	MONTHS
<u>75</u>	<u>5</u>	<u>18</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>unknown</u>		
9. Industry or business in which work was done, as saw mill, bank, etc. _____		
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) <u>Leoni, Penna</u>		
13. NAME <u>Samuel B Allen</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penna</u>		
15. MAIDEN NAME <u>Elizabeth Smith</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>		
17. INFORMANT (ADDRESS) <u>Chas S Allen, Westfield Ill</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Westfield Ill</u> DATE <u>9 20 1937</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>Rowland Mortuary, Inc, 4355 Washington Ave</u>		
20. FILED <u>Sept 21 1937</u> <u>J H Bredeck</u> Local Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-19 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 10:10 A.M.

The principal cause of death and related causes of importance were as follows:  
Asphyxiation due to drowning when found in ball tub at city Infirmary Sept. 19 1937 at 10:10 A.M. (Whistle accidental or suicidal)

Other contributory causes of importance: could not be determined

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis \_\_\_\_\_ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Open injury Date of injury Sept 19 1937  
 Where did injury occur? St. Louis 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 drowning  
 Nature of injury asphyxiation

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify \_\_\_\_\_  
 (Signed) Alfred J Perry, M.D.  
 (Address) Deputy Coroner

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.

309-20-37 I X12004

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No. 3114

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No. .... or by ....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

Licensed Embalmer No. ....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**