

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

Do not use this space.

JAN 10 1938

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1. PLACE OF DEATH

County Registration District No.
 Township Primary Registration District No.
 City ST. LOUIS (No. 1427 N. NINTH St. Ward) (Registered No. 12089)

2. FULL NAME STILLBORN INFANT allen

(a) Residence, No. 1427 N. NINTH St. 25 Ward. (If nonresident, give city and 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 NEGRO 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOVEMBER 25, 1937

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
STILLBORN INFANT

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.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) ST. LOUIS (STATE OR COUNTRY) MISSOURI

13. NAME EMMETT ALLEN

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

15. MAIDEN NAME JANIE GIBSON

16. BIRTHPLACE (CITY OR TOWN) NEWTON (STATE OR COUNTRY) MISSISSIPPI

17. INFORMANT MOTHER Janie Allen (ADDRESS) 1427 N. NINTH

18. BURIAL, CREMATION, OR REMOVAL PLACE CITY MORGUE DATE 12-30-37 19.

19. UNDERTAKER David Van Harsan (ADDRESS) City

20. FILE DEC 29 1937 Jeff Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-25 19 37

22. I HEREBY CERTIFY, That I attended deceased from 11-25-37 19, to 11-25-37 19.

I last saw him alive on 11-25-37 19. Death is said

to have occurred on the date stated above, at 7:45 a.m.

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

UNKNOWN STILLBORN

Other contributory causes of importance:

Name of operation NONE Date of

What test confirmed diagnosis? NONE 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) W. H. ... M. D.

(Address) 1325 S. GRAND

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.

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