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.

FILED SEP 18 1947

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

Do not use this space. 32284

1. PLACE OF DEATH
County St. Louis — Registration District No. 318 — File No. 32284
Township St. Louis — Primary Registration District No. 1003 — Registered No. 85637
City St. Louis (No. Peoples Hospital St. Ward)

2. FULL NAME Allen, Infant (Ellestine) 11
(a) Residence, No. 3723a Page 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 F 3
4. COLOR OR RACE N.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) 0
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-8-47
7. AGE YEARS newborn MONTHS DAYS If LESS than 1 day, 6 hrs. or min.

OCCUPATION
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) (STATE OR COUNTRY) St. Louis 0

FATHER
13. NAME Clyde, Allen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fla. 1

MOTHER
15. MAIDEN NAME Ellestine Cheatham
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo. 0

17. INFORMANT (ADDRESS) 3723a Page Clyde Allen
18. BURIAL, CREMATION, OR REMOVAL
PLACE Peoples Hospital DATE 9-10 1947
19. UNDERTAKER (ADDRESS) J D Richards 2625 Glasgow
20. FILED SEP 10 1947 19 J. F. Brebeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-8-, 1947

22. I HEREBY CERTIFY, That I attended deceased from September 7, 1947 to September 7, 1947
I last saw her alive on September 8, 1947. Death is said to have occurred on the date stated above, at 12P m.
The principal cause of death and related causes of importance were as follows:

Prematurity
Respiratory failure

Date of onset

Other contributory causes of importance: 15P

Name of operation Date of
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) W. B. Whittier, M. D.
(Address) 2221 Locust

W.R.WHITTIER

2928
A D Richardson
City