

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

657  
Do not use this space.

FEB 12 1938

791  
1003

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1. PLACE OF DEATH  
(a) County ..... Registration District No. ....  
(b) Township ..... Primary Registration District No. .... Registered No. .... 513  
(c) City Saint Louis ..... (d) Street No. 4220 McPherson ..... 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 Olive A. Allen, 450  
(a) Residence, No. 4220 McPherson ..... St. 19 ..... (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 Female  
4. COLOR OR RACE White  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) DIVORCED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6, 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
53 7 8

OCCUPATION  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home  
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

FATHER  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri  
13. NAME W. H. Lambert  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER  
15. MAIDEN NAME Mary Jane Arterburn  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Maree Allen,  
(ADDRESS) 4220 McPherson.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Memorial Park Cem. DATE Jan. 17, 1938

19. FUNERAL DIRECTOR Craig Undertaking Co.,  
(ADDRESS) 2468 Washington Blvd.

20. FILED JAN 16 1938  
J. G. Benedict  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 15 1938

22. I HEREBY CERTIFY That I attended deceased from Jan 4 1938 to Jan 14 1938  
I last saw him alive on Jan 14 1938 Death is said to have occurred on the date stated above, at 4 p m.  
The principal cause of death and related causes of importance were as follows:  
Leban Parumnia Date of onset 1/4/38  
106

Other contributory causes of importance:

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? No  
If so, specify D. C. O'Connell M. D.  
(Address) 823 24 University Club Bldg

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.

**STATEMENT BY LICENSED EMBALMER**

I, Philip M. Craig, Licensed Embalmer No. 3281

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

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed.

*Philip M. Craig*

Licensed Embalmer No. 6281

**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.)**