

MAY 10 1938

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

13216  
Do not use this space.

## 1. PLACE OF DEATH

(a) County..... Registration District No. **791**  
(b) Township..... Primary Registration District No. **1003** Registered No. **3820**  
(c) City St. Louis (d) Street No. Desloge Hospital 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

William Lee Allen 450  
(a) Residence, No. 1829 Oregon Ave. St. **23**  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 9<sup>th</sup> 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
77 2 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired  
9. Industry or business in which work was done, as saw mill, bank, etc. Coffee Salesman  
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) Griggsville Illinois

FATHER 13. NAME Archibald Allen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Kentucky

MOTHER 15. MAIDEN NAME (unknown) Owens

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Kentucky

17. INFORMANT (ADDRESS) Mrs. W. L. Allen  
1829 Oregon Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cem. DATE April 25<sup>th</sup> 1938

19. FUNERAL DIRECTOR (ADDRESS) C. R. Lutton & Sons  
4449 Delmar St.

20. FILED APR 25 1938 J. P. Brebeck Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/23 1938

22. I HEREBY CERTIFY, That I attended deceased from 4/22 1938 to 4/23 1938

I last saw him alive on 4/23 1938 Death is said to have occurred on the date stated above, at 11:04 AM.

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

Auricular Fibrillation Date of onset

Other contributory causes of importance:  
Hypertrophied Prostate & Uremia

Name of operation None Date of

What test confirmed diagnosis? ..... 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? No

If so, specify

(Signed) A. J. McDonald, M. D.

(Address) 1325 Grand

STATEMENT BY LICENSED EMBALMER

I, J. T. Lupton, Licensed Embalmer No. 2122  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by CH Murray  
..... L. E. ....  
No. 4011 or by ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed J. T. Lupton  
Licensed Embalmer No. 2122

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.)