

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.

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

8873
 Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **3802 Utah Pl.** Registered No. **2638**
 (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. da.

2. PRINT FULL NAME

450 **Mary F. Allen**
 (a) Residence, No. **3802 Utah Place** St. **16**
 (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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widow**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Frank E.**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Mar. 12, 1853**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 0 7

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housewife**
 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) **Natick, Mass.**

FATHER 13. NAME **Willard O. Freeman**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Vermont**

MOTHER 15. MAIDEN NAME **Hoadly**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT (ADDRESS) **Henry McQuade 3802 Utah Pl**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Oak Grove** DATE **Mar. 21, 1939**

19. FUNERAL DIRECTOR (ADDRESS) **Wacker-Helderle 2331 S. Broadway**

20. FILED **MAR 20 1939** **J. D. Brudick** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Mar. 19, 1939**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 20, 1937**, to **Mar 19, 1939**
 I last saw her alive on **3/19, 1939**. Death is said to have occurred on the date stated above, at **11:05** m.

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

Cerebral Hemorrhage
Myocarditis Chronic
 Date of onset **3/19/39**
2 yrs.

Other contributory causes of importance:
Arteriosclerosis
Senility

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? **no**
 If so, specify.....
 (Signed) **Walter E. Neumerick** M. D.
 (Address) **509 Chouteau Street Bldg.**

STATEMENT BY LICENSED EMBALMER

I, Robert Wheeler, Licensed Embalmer No. 2128

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 Robert Wheeler

Licensed Embalmer No. 2128

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.)