

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.

18 1939

STANDARD CERTIFICATE OF DEATH

Registration District No. 114

Primary Registration District No. 200

Registrar's No. 2021

1. PLACE OF DEATH:

(a) County Saint Louis

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Facility /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Adm: 10-3-39
(Specify whether)

In this community Unknown
years, months or days

3. (a) PRINT FULL NAME John W. ALLEN 4580

3. (b) If veteran, name war Spanish

3. (c) Social Security No. -

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife FRANCES 6. (c) Age of husband or wife if alive - years

7. Birth date of deceased January 29, 1874
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>9</u>	<u>17</u>	hr. <u>-</u> min. <u>-</u>

9. Birthplace Huntsville Alabam /
(City, town, or county) (State or foreign country)

10. Usual occupation Watchman 4

11. Industry or business -- 4

12. Name Charles Allen

18. Birthplace England /
(City, town, or county) (State or foreign country)

14. Maiden name Laura Gill

15. Birthplace Scotland /
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature C. W. Hughes, Chief Med. Off.

(b) Address Jefferson Barracks, Missouri.

17. (a) Burial (b) Date thereof Nov. 20, 39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director C. Hoffmeister

(b) Address 7814 S. Broadway

19. (a) NOV 18 1939 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois / (b) County -

(c) City or town Coulterville /
(If outside city or town limits, write "RURAL")

(d) Street No. R. R. /
(If rural, give location)

(e) If foreign born, how long in U. S. A. -- years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 16
year 1939 hour 10 minute 29 P. M.

21. I hereby certify that I attended the deceased from October 3, 1939, to November 16, 1939, and that death occurred on the date and hour stated above.

that I last saw him alive on November 16, 1939

Immediate cause of death Nephritis, chronic, without edema, with very marked nitrogen retention (uremic).

Duration Unkn.

Due to 131

Due to 131

Other conditions Ulcer, gastric, with pyloric obstruction.

(Include pregnancy within 3 months of death)

Unkn.

Major findings: Old, apparently healed ulcer involving pylorus with almost complete pyloric obstruction.

Of operations Old, apparently healed ulcer involving pylorus with almost complete pyloric obstruction.

Of autopsy Old, apparently healed ulcer involving pylorus with almost complete pyloric obstruction.

PHYSICIAN ---

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ---

(b) Date of occurrence ---

(c) Where did injury occur? --- (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? ---

While at work? --- (Specify type of place)

(e) Means of injury ---

23. Signature C. W. HUGHES, Chief Med. Off. 11-17-39
(M. Prop. sig.)

Address VAF, Jefferson Bks., Mo. Date signed ---

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Registered Apprentice No. _____ working under my personal supervision.

Signed Lewis C. Hoffner

Licensed Embalmer No. 3871

P. O. Address 78148 Bro

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.)

If this body is not embalmed, above space should be left blank.