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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 768

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 769

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: FEB 17 1940

(a) County

(b) City or town St. Louis, Missouri (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital, #1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 Days (Specify whether years, months or days)

In this community L5 Years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 26

(c) City or town St. Louis. (If outside city or town limits, write "RURAL")

(d) Street No. 1947 Maiden Lane. (If rural, give location)

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

8. (a) PRINT FULL NAME Frank McAllister 242

8. (b) If veteran, name war None.

8. (c) Social Security No. None.

4. Sex Male.

5. Color or race White.

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

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Jan. (Month) 13th. (Day) 1866. (Year)

8. AGE: Years 74 Months 0 Days 11 If less than one day hr. min.

9. Birthplace Dyersburg, (City, town, or county) Tennessee. (State or foreign country)

10. Usual occupation Unemployed. 1

11. Industry or business 7

FATHER 12. Name George McAllister

13. Birthplace Unknown. (City, town, or county) 9 (State or foreign country)

MOTHER 14. Maiden name Julia Cole.

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

16. (a) Informant Mrs Julia Bird

(b) Address 1947 Maiden Lane

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1 25-40 (Month) (Day) (Year)

(c) Place: burial or cremation Carrichersville Mo

18. (a) Signature of funeral director H. Leidner Und. Co.

(b) Address 1417 N. Market St.

19. (a) JAN 25 1940 (Date received local registrar) (b) J. F. Burdick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 24, year 1940 hour 1:50 minute P. M.

21. I hereby certify that I attended the deceased from January 13, 1940 to January 24, 1940 that I last saw him alive on January 24, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Tuberculosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations

Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Harold Freeman (M. D. or other)

Address 1515 Lafayette, Date signed 1/24/40

(Licensed Embalmer's Statement on Reverse Side)

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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis av

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.