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7-39
X21492

State File No.

Registrar's No.

Registration District No.

Primary Registration District No.

791

1940 FEB 14

1. PLACE OF DEATH:

(a) County St. Louis Mo. 2
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of town)
(c) Name of hospital or institution:
Em. Cante. Homer Phillippe
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days 450

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town St. Louis Mo. 21
(If outside city or town limits, write "RURAL")
(d) Street No. 1914 (Over) Beddle St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Mary Allen
Mary Allen

3. (b) If veteran, name war no 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Col 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Jesse Allen 6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased July 1 (Month) (Day) (Year) 1898

8. AGE: Years 41 Months 7 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace Alvin Alabama (City, town, or county) (State or foreign country)

10. Usual occupation House Wife 1

11. Industry or business None 1

12. Name Jesse

13. Birthplace Alvin Alabama (City, town, or county) (State or foreign country)

14. Maiden name May Mathis

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

16. (a) Informant Jesse Allen

(b) Address 1914 Beddle

17. (a) _____ (b) Date thereof 2-10-40 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. H. Anderson

(b) Address 2934 Broadway

19. (a) FEB 6 1940 (Date received local registrar) (b) _____ (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 10 year 1940 hour 4:30 minute A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Fractured Aortic Aneurysm

Due to _____

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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) (b) Means of injury _____

23. Signature Jesse M. Anderson (M.D. or other)

Address 2934 Broadway (City or town) (County) (State)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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, ~~on~~.....

....., Registered Apprentice No.

working under my personal supervision.

Signed

Chas. L. Howell

Licensed Embalmer No. *2452*

P. O. Address *2820 Dickson*

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.