

SEP 25 1940

No. 2
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X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
791 1003

27346

State File No. _____

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 7242

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Alexian Brothers Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day (Specify whether)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Elmer Allen 450
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased February 19 1898
(Month) | (Day) | (Year)

8. AGE: Years 42 Months 6 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Kentucky 1
(City, town, or county) (State or foreign country)

10. Usual occupation Gardner

11. Industry or business Alexian Brothers Hospital

MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Quinn
(b) Address Coroners Office

17. (a) Burial (b) Date thereof August 30 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Stenbury Mo

18. (a) Signature of funeral director Petz Brothers
(b) Address 3029 Lafayette Ave

19. (a) AUG 28 1940 (b) _____
(Date received local registrar) (Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:
(a) State 0 Missouri (b) County _____
(c) City or town St. Louis 24
(If outside city or town limits, write "RURAL")
(d) Street No. 3933 S. Broadway
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 27th day August
year 1940 hour 11:40 minute P. 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 Infarction of Heart; Coronary Occlusion. Duration _____

Due to _____
Due to _____

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

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
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 _____

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 Joseph Quinn (M. D. or other)
Address Coroners Office Date signed _____

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, or by _____, Registered Apprentice No. _____, working under my personal supervision.

Signed Frank J. Owens

Licensed Embalmer No. 3245

P. O. Address St. Louis Mo

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.