

NOV 16 1940 791

Primary Registration District No. 1003

Registrar's No.

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

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 Phillips Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 13 days
(Specify whether
 In this community 18 years
years, months or days)

3. (a) PRINT FULL NAME Son Allison

8. (b) If veteran, name war Unk 8. (c) Social Security No. Unk

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

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

7. Birth date of deceased August 9, 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 1 3 hr. min.

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

10. Usual occupation Nil

11. Industry or business Unk

MOTHER FATHER { 12. Name Joe Allison

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

14. Maiden name Caroline Lloyd Mo

16. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Roseance A Spotts

(b) Address 2601 N Whittier

17. (a) (b) Date thereof 9/16-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Louis

18. (a) Signature of funeral director W. Richter

(b) Address 3500 Rutger

19. (a) Oct 1 1940 (b) J. Bruch
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St Louis 22
(If outside city or town limits, write "RURAL")
 (d) Street No. 2705 a Eugenia
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 12
 year 1940 hour 7:45 minute A.M.

21. I hereby certify that I attended the deceased from August 31, 1940, to Sept 12, 1940, that I last saw him alive on Sept 12, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease 1 yr
Duration

Due to _____

Due to _____

Other conditions None
(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? _____

While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature C. Allen (M. D. or other) _____
 Address 2601 N Whittier Date signed 9/16/40

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.....

Licensed Embalmer No.....

P. O. Address.....

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.