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23159

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

1. PLACE OF DEATH:

(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: St. Louis 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 _____)

In this community About 20 years
years, months or days)

3. (a) PRINT FULL NAME Wesley Allen

3. (b) If veteran, name war no

3. (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 Mayme Allen

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

7. Birth date of deceased unknown 1863
(Month) (Day) (Year)

8. AGE: Years 77 Months - Days - If less than one day _____ hr. _____ min.

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

10. Usual occupation Nightwatchman retired

11. Industry or business _____

12. Name Wesley Allen

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

14. Maiden name unknown

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

16. (a) Informant Maurice Friedman

(b) Address 2556 Benton St.

17. (a) Burial (b) Date thereof Oct. 29, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Joseph Woodard

(b) Address 2228 St. Louis Ave

19. (a) OCT 29 1940 (b) J. Woodard
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis 36
(If outside city or town limits, write "RURAL")

(d) Street No. 826a Buchanan
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 27,
year 1940 hour 11:45 minute P. M.

21. I hereby certify that I attended the deceased from October 16, 19 40,
October 27, 19 40,
that I last saw him alive on October 27, 19 40
and that death occurred on the date and hour stated above.

Immediate cause of death Right hemiplegia 12d.
Left Central Venous Occlusion 12d.
Due to Essential Hypertension 10 yrs.
Due to Generalized Arteriosclerosis 10 yrs.
Other conditions Senility 15 yrs.
(Include pregnancy within 3 months of death)

Duration

Underline the cause to which death should be charged statistically.

PHYSICIAN _____

Major findings: _____
Of operations _____
Of autopsy as above

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 [Signature] (M. D. or other) _____
Address 1515 Lafayette Ave. Date signed 10/28/40

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

Charles Goodhart

Licensed Embalmer No.

2777

P. O. Address

W. L. Lacey, Inc.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.