

No. 2  
11-10-39  
-17-39  
I X216

Registration District No. 628

Primary Registration District No. 5904

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH: Phelps, St. Louis  
 (a) County Phelps  
 (b) City or town St. Louis  
 (c) Name of hospital or institution: \_\_\_\_\_  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community 6 weeks years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State COLORADO (b) County ROUIT  
 (c) City or town STAMBOURTT Spgs. Colo.  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 2 years

3. (a) PRINT FULL NAME RUSSELL SEARLE ALLEN

3. (b) If veteran, name war \_\_\_\_\_ (c) Social Security No. ✓

4. Sex MALE 5. Color or race WHITE 6. (a) Single, ✓ married, divorced ✓

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

7. Birth date of deceased MAY 15 1940  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
		<u>10</u>	<u>7</u>	hr. min.

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

10. Usual occupation INFANT

11. Industry or business \_\_\_\_\_

12. Name GLENV ALLEN

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

14. Maiden name IVY SMITH

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

16. (a) Informant Mrs. Iva Allen

(b) Address St James Mo.

17. (a) Burial (b) Date thereof 3-26-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation STAMBOURTT Spgs. Colo.

18. (a) Signature of funeral director James & Harrison

(b) Address St James Mo.

19. (a) 3/22/41 (b) Elio B. Houch  
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH, Month MARCH day 22  
 year 1941 hour 1:00 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from March 15, 1941 to March 22, 1941  
 that I last saw him alive on March 22, 1941  
 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia (Influenza type)  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) None  
 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) (e) Means of injury \_\_\_\_\_

23. Signature William H. Brecht (M. D. or other) ✓  
 Address St James Mo. Date signed 3/22/41

Duration 7 days  
 PHYSICIAN  
 Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 5,

District File Number 441434

Date Filed \_\_\_\_\_

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**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.