

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

Registration District No.

Primary Registration District No.

42248

4249

83

1. PLACE OF DEATH:

- (a) County Jefferson
(b) City or town Festus
(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
years, months or days)

3. (a) PRINT FULL NAME Helen Ann Allen

3. (b) If veteran,
name war

3. (c) Social Security
No.

4. Sex Female,
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 Sept. 21 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2 7 hr. min.

9. Birthplace Firmin Desloge Hosp. St. Louis
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business

12. Name James Allen

13. Birthplace Piedmont

Missouri
(State or foreign country)

14. Maiden name Ethel Jones

15. Birthplace Piedmont
(City, town, or county)

Missouri
(State or foreign country)

16. (a) Informant James Allen

(b) Address Festus, Missouri

17. (a) Burial (b) Date thereof 12/24/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Festus Methodist Cem.

18. (a) Signature of funeral director Fink Undertaking Co.

(b) Address 222 Main St. Festus, Missouri

19. (a) 12/26/41 (b) J. E. Rutledge
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Jefferson
(c) City or town Festus
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November Day 28th
year 1941 hour 11 minute 45 P. M.

21. I hereby certify that I attended the deceased from Nov. 26
1941 to Nov. 28 1941
that I last saw her alive on Nov 28 1941
and that death occurred on the date and hour stated above.

Immediate cause of death

Influenza & Bronchitis Pneumonia Duration 4 day

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 J. E. Rutledge (M. D. or other)
Address Festus, Mo Date signed Nov 29/41

(Licensed Embalmer's Statement on Reverse Side)

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, oscar

Eleuan Province

~~Registered Apprentice No.~~~~working under my personal supervision.~~

Signed

Licensed Embalmer No. 3403

P. O. Address Festus, Missouri

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, fact should be so stated above.