

U. S. No. 2
OM-1-4-41
Rev. 5-17-39
I. X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. **4036**
Registrar's No. **1119**

FILED MAR 17 1942
Registration District No. **791**

Primary Registration District No. **100**

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: en route City Hosp. #2
(If not hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

In this community.....

3. (a) PRINT FULL NAME William H. Allen

3. (b) If veteran, name war..... **3. (c) Social Security** No.....

4. Sex M.D. **5. Color or race** Col. **6. (a) Single, widowed, married, divorced** Married

6. (b) Name of husband or wife..... **6. (c) Age of husband or wife if** 19 **years**

7. Birth date of deceased October 19, 1899
(Month) (Day) (Year)

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

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

10. Usual occupation Barber

11. Industry or business.....

12. Name Alfred Allen

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

14. Maiden name Maury Hamilton

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

16. (a) Informant Othelia Allen

(b) Address 1903 Cora Ave.

17. (a) Burial, cremation, or removal Cremial **(b) Date thereof** 2-5-42
(Month) (Day) (Year)

(c) Place: burial or cremation Hopkinton Park Cem.

18. (a) Signature of funeral director J. J. Bunker

(b) Address 523 1/2 E. 10th St.

19. (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)
(Date of birth local resident) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

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

(d) Street No. 1903 Cora Ave.
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country.....

MEDICAL CERTIFICATION

no attending physician

20. DATE OF DEATH, Month Jan. day 30 year 1942 hour 8 minute 20 P. M.

21. I hereby certify that I attended the deceased from..... 19..... to..... 19.....
that I last saw him..... alive on..... and that death occurred on the date and hour stated above.

Immediate cause of death Ruptured Aortic Aneurysm.
non-specific - cause

Due to..... unknown

Due to.....

Other conditions..... 96
(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) (or) Means of injury.....

23. Signature Alfred Allen (M. D. or other) 3

Address 1903 Cora Ave. **Date signed** 1/31/42

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..... *William Claude Gordon*.....
Licensed Embalmer No. *3489*.....
P. O. Address *2649 Delmar*.....

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.