

JUN 9 1942

Registration District No.

Primary Registration District No. 20

Registrar's No. 1171

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Highway 66, west of Eureka
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Oklahoma (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

2. (a) PRINT FULL NAME Abraham Allen

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

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

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

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

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

9. Birthplace Texas County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming labor

11. Industry or business _____

12. Name Albert Allen
13. Birthplace Texas County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Susan Hopkins
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Ileen Marik
(b) Address 345 S. Dade, Ferguson, Mo.

17. (a) (b) Date thereof 5-22-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis, Mo.

18. (a) Signature of funeral director W. R. Rubin

(b) Address 3509 Rutledge

19. (a) MAY 29 1942 (b) E. M. C. Warren
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3
year 1942 hour 7:30 minute P M.

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

Immediate cause of death Struck by an automobile while a pedestrian on a public highway. Duration _____

Due to Multiple fractures; concussion of brain; internal

Due to hemorrhage from severance of aorta.

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Yes.

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) Accident. 096

(b) Date of occurrence May 3, 1942

(c) Where did injury occur? #66.1 mi. w. of Eureka, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place

While at work? _____ (Specify type of place) (e) Means of injury 3

23. Signature Edith H. Bapp (M. D. or other) _____

Address Kirkwood, Mo. Date signed 5/4/42

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

7600

999
34
0

2

1702

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, fact should be so stated above.