No. 2
-4-13-40
5-17-39
PI X23159

95
0
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 17 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22358

Registration District No. 780 Primary Registration District No. 4467 Registrar's No. 40

1. PLACE OF DEATH:
(a) County Ste. Genevieve
(b) City or town St. Mary's
(If outside city or town limits, write "RURAL" and name of township)
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Ste. Gen 95
(c) City or town St. Marys 0
(If outside city or town limits, write "RURAL") 0
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME MARY C. ALLARD
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex female
5. Color or race ~~white~~ colored
6. (a) Single, widowed, married, divorced widowed 2
6. (b) Name of husband or wife Nicholas Allard
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 11 (Day) 1880 (Year)

8. AGE: Years	Months	Days	If less than one day
61	8	17	hr. min.

9. Birthplace St. Mary's (City, town, or county) Missouri (State or foreign country)
10. Usual occupation at home
11. Industry or business
FATHER
12. Name Alexander Caldwell
13. Birthplace Ste. Genevieve Co (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Thomas Allard
(b) Address St. Mary's Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 24-42 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary's Mo
18. (a) Signature of funeral director Leo C. Basler
(b) Address Ste. Genevieve Mo
19. (a) June 25/42 (Date received local registrar) (b) T. W. Douglas (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24 year 1942 hour 11:58 minute P. M.
21. I hereby certify that I attended the deceased from June 24, 1942, to June 24, 1942 that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	sudden
Due to 94a	
Due to	
Other conditions (Include pregnancy within 3 months of death) Incarcerated inguinal hernia	24 hrs

Major findings:
Of operations None
Of autopsy None

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?
(Specify type of place)
While at work? (e) Means of injury 0
23. Signature J. A. Wilkens (M. D. or other)
Address St. Marys, Mo Date signed 6/25/42

106

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 142-915
Date Filed 1-14-43

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 Leo C. Basler

Licensed Embalmer No. 1985

P. O. Address Ste. Genevieve Co

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.