No. 2
—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 14 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22808

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6653

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Mo. Baptist Hospt.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Illinois (b) County "

(c) City or town Wayne City NR
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? 2 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Allen Eugene Harrell

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male

5. Color or 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 Aug. (Month) 3rd (Day) 1942 (Year)

8. AGE: Years 0 Months 0 Days 2 If less than one day hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Child

11. Industry or business

FATHER
12. Name Virgil Harrel
13. Birthplace Wayne City, (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Wilma Shelborn
15. Birthplace Wayne City (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Oliver Harrell
(b) Address Sims, Illinois

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/7/42 (Month) (Day) (Year)
(c) Place: burial or cremation Wayne City, Ill.

18. (a) Signature of funeral director Albert H. Hoppe Inc.
(b) Address 4700 Washington Ave.

19. (a) AUG 6 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 5th year 1942 hour minute M.

21. I hereby certify that I attended the deceased from Aug. 3, 1942 to Aug. 5, 1942, that I last saw him alive on Aug. 5, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Asphyxiation	
Due to Asphyxiation	
Atelectasis	
Due to Pre Maturity	
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)

(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

23. Signature J. B. O'niel J B O'Neill M.D. (M. D. or other)

Address Date signed

(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, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed No Embalmed

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.