

No. 2
5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28486

FILED OCT 14 1942

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8203

1. PLACE OF DEATH:
(a) County.....
(b) City or town..... St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1323 Rear So. Broadway
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... None (Specify whether
In this community..... 30 Years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State..... Missouri (b) County.....
(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1323 Rear So. Broadway
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME..... Rebecca Nancy Allen
3. (b) If veteran, name war..... No 3. (c) Social Security No..... No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 25
year 1942 hour 6 minute 25 P.M.

4. Sex..... F / 5. Color or race..... W
6. (a) Single, widowed, married, divorced, widowed..... 2 divorced Widowed
6. (b) Name of husband or wife..... Thomas 6. (c) Age of husband or wife if
alive..... years
7. Birth date of deceased..... Dec. 19 1845
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from.....
May 15 - 1942 to..... Oct 2 1942
that I last saw him/her alive on..... Oct 2 1942
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
96 9 13 hr. min.

Immediate cause of death.....
Chronic myocarditis
Duration.....

9. Birthplace..... Potosi, Mo.
(City, town, or county) (State or foreign country)

Due to.....
Due to.....
Other conditions (Include pregnancy within 3 months of death).....
Major findings: Of operations.....
Of autopsy.....

10. Usual occupation..... Housewife

11. Industry or business.....

MOTHER FATHER
12. Name..... Frank McClain
13. Birthplace..... Missouri
(City, town, or county) (State or foreign country)
14. Maiden name..... Nancy Counts
15. Birthplace..... Missouri
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant..... Mary Silvey
(b) Address..... 1323A So. Broadway

17. (a) Burial (b) Date thereof..... 10/5/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... St. Matthews
18. (a) Signature of funeral director..... C. W. McLaughlin
(b) Address..... 2301 Lafayette Ave.

19. (a) OCT 3 1942 (b) J. T. Muesel
(Date received local registrar) (Registrar's signature)

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..... T. Reindorf (M. D. or other) M.D.
Address..... 2000 29th Date signed..... 10/5/42

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

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

L.R. Cooper

Licensed Embalmer No.

3633

P. O. Address

2317 Lafayette

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.