

FILED MAR 30 1943

318

1003

2669

Registration District No. ....

Primary Registration District No. ....

Registrar's No. ....

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:  
**3944 Blaine Ave.**  
(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 .....  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **3944 Blaine Ave.**  
(If rural, give location)  
(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country **0**

3. (a) PRINT FULL NAME **Rosa Rhea Allen**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color of race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Late Harry J. Allen** 6. (c) Age of husband or wife if alive years **17th 1869**

7. Birth date of deceased **April 17th 1869**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**74 11 2** hr. min.

9. Birthplace **Rockport Kentucky**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **William H. Harrison**

12. Name **William H. Harrison** 13. Birthplace **Tennessee**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mary J. Rhea** 15. Birthplace **Tennessee**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Henry J. Allen**  
(b) Address **3944 Blaine Ave.**

17. (a) **Burial** (b) Date thereof **3-22-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lake Charles Cemetery**

18. (a) Signature of funeral director **Kriegshauser Mortuaries**  
(b) Address **4228 So. Kingshighway Blvd.**

19. (a) **MAR 20 1943** **J. J. Brudick**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **19th**  
year **1943** hour **3:30** minute **P.M.** M.

21. I hereby certify that I attended the deceased from **October 4, 1942** to **March 19th 1943**  
that I last saw her alive on **3/19/43**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary thrombosis** Duration **5 hrs**

Due to **subnosclerosis** **7**

Due to **age**

Other conditions **✓**  
(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) (c) Means of injury **0**

23. Signature **R. Shankler** (M. D. or other) **0**  
Address **1514 So Jefferson** Date signed **3/20/43**

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

MOTHER FATHER

MAY 11 1968

Dr. Shanklin  
1504 So. Jefferson Ave.

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 Richard W. Storvick

Licensed Embalmer No. 4007

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.