. S. No. 2
M—9-4-41

FILED

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

26434

State File No.

SEP 11 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7831

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

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:
Christian Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 18 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17

(c) City or town St. Louis 910
(If outside city or town limits, write "RURAL")

(d) Street No. 3933a Sherman Place
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Florence Allison

3. (b) If veteran, name war No

3. (c) Social Security No. 500-18-3061

4. Sex Female

5. Color or race White 1

6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife Roy W. Allison

6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased January 20, 1886
(Month) (Day) (Year)

8. AGE: Years 57 Months 7 Days 8 If less than one day hr. min.

9. Birthplace Muscatine (City, town, or county) Iowa 1 (State or foreign country)

10. Usual occupation Shoe heel trimmer

11. Industry or business Convoy shoe co. 3000 Locust

FATHER
12. Name John Apel
13. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Mary Schaffnit
15. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Glenn Allison
(b) Address 6325 Woodland Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/1/43 (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Suedemeyer & Sons
(b) Address 3934 N. 20th St.

19. (a) SEP 1943 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 28
year 1943 hour 11 minute 00 P. M.

21. I hereby certify that I attended the deceased from 8-27, 1943 to 8-28, 1943
that I last saw her alive on 8-28, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Virus pneumonia & cardiac failure.

Due to

Due to 107

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 H. E. Harris M.D.
(M. D. or other)

Address 4205 W. Florissant Date signed 8-31-43

(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 Alfred J. Boedeker

Licensed Embalmer No. 2663

P. O. Address 5934 Alpha

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.