

No. 2
-5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 19 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8179

State File No. _____

Registration District No. 317

Primary Registration District No. 3068

Registrar's No. 405

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Maplewood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Maplewood Nursing Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County St. Louis 96
(c) City or town Maplewood 5
(If outside city or town limits, write "RURAL") 3
(d) Street No. 3536 Cambridge Ave.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country. 0

3. (a) PRINT FULL NAME Anna Allan

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

4. Sex Female 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 Mar. 18, 1853
(Month) (Day) (Year)

8. AGE: 90 Years 10 Months 24 Days
If less than one day hr. min.

9. Birthplace St. Louis MO. 0
(City, town, or county) (State or foreign country)

10. Usual occupation School Teacher

11. Industry or business Public School St. Louis.

12. Name David Allen

13. Birthplace unknown Scotland 4
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Ann Robinson

15. Birthplace Cincinnati Ohio 1
(City, town, or county) (State or foreign country)

16. (a) Informant Homer Allan

(b) Address 6051 Kingsbury Blvd

17. (a) Burial (b) Date thereof Feb. 15, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester Ave. Maplewood, MO

19. (a) FEB 17 1944 (b) E. D. McArthur, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 17
year 1944 hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from Feb 4 19 44 to 2/17/44 19 44
that I last saw her alive on 2/17/44 and that death occurred on the date and hour stated above.

Immediate cause of death Bronch. Pneumonia
Arterio Sclerotic Heart Disease
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations None
Of autopsy None 930

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) NO
(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)
Means of injury 8
23. Signature [Signature] (M. D. or other) [Signature]
Address Maplewood MO Date signed Feb 17 1944

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

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

76
5
3

John H. Bireal.
2628 Colfax Ave. S.W.
11-12-1-3- Hill 1616

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 3454

....., Registered Apprentice No.
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Manchester

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.