

S. No. 2
M-8-43
5-17-39
1 X37823

22790

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUL 20 1944 318

10021003

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 6207

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
City Hospital # 1
(If not in hospital or institution, write street number or location)

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

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 9-23

(d) Street No. 3100 Gravois
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Arthur W. Allan

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11, 1944
year 1944 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Amelia H. Allan 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 27, 1873
(Month) (Day) (Year)

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Fractured Right Hip Arteriosclerosis Duration _____
when Deceased fell to the floor at the home Quoit Club 2023 Cushing St on 7-4-44

Due to _____

Due to _____

8. AGE: Years 71 Months 5 Days 14 If less than one day hr. _____ min. _____

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

Major findings: _____

Of operations _____

Of autopsy _____

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

10. Usual occupation Painter

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business Retired 25 years

MOTHER FATHER { 12. Name David Allan

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

14. Maiden name Mary Harper

15. Birthplace DesPeres Missouri
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 000

(b) Date of occurrence 7-4-44

(c) Where did injury occur? St. Louis Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on a farm, in industrial place, in public place?
Home Quoit Club
(Specify type of place)

While at work? no (e) Means of injury fall

16. (a) Informant Mrs. Gertrude A. Hamilton

(b) Address 5600 Cates Avenue

23. Signature Alfred Perry (M.D. or other) _____
Address St. Louis Date signed 7/12/44

17. (a) Burial (b) Date thereof July 13, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Shepard Funeral Home

(b) Address 1167 Hamilton Avenue.

19. (a) JUL 12 1944 (Date received local registrar)

J. J. Breda (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

844

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 *John Agonowski*
Licensed Embalmer No. *3398*
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.