

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

DEPARTMENT OF COMMERCE

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29073

State File No. ....

8098

FILED SEP 30 1944

Registration District No. **318**

Primary Registration District No. **1002**

Registrar's No. ....

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:  
**Desloge Hospital**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution..... **1 Week 0**  
(Specify whether)  
 In this community..... **40 Years**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State..... **Mo**  
 (b) County..... **St. Louis**  
(If outside city or town limits, write "RURAL")  
 (c) City or town..... **St. Louis**  
(If outside city or town limits, write "RURAL")  
 (d) Street No..... **4043 A. McPherson Ave.**  
(If rural, give location)  
 (e) Citizen of foreign country?.....  
(Yes or No)  
 If yes, name country.....

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

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **Sept.** day **20**  
 year **1944** hour **5:43** minute **00** P.M.  
 21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;

4. Sex **Male 0** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowe 2**  
 (b) Name of husband or wife..... **Mary Allen** 6. (c) Age of husband or wife if alive..... years  
 7. Birth date of deceased..... **Dec. 25, 1865**  
(Month) (Day) (Year)

that I last saw h..... alive on....., 19....., and that death occurred on the date and hour stated above.  
 Immediate cause of death.....  
**Coronary Occlusion**  
**Coronary Sclerosis**  
 Due to.....  
 Due to.....  
 Other conditions.....  
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<b>78</b>	<b>8</b>	<b>25</b>	hr. min.

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

9. Birthplace..... **Ireland 4**  
(City, town, or county) (State or foreign country)  
 10. Usual occupation..... **Tailor**  
 11. Industry or business.....

MOTHER, FATHER {  
 12. Name..... **John Allen**  
 13. Birthplace..... **Ireland 4**  
(City, town, or county) (State or foreign country)  
 14. Maiden name..... **Dont Know**  
 15. Birthplace..... **" "**  
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Miss. Virginia Allen**  
 (b) Address..... **4043 A. McPherson Ave.**

17. (a) **Burial** (b) Date thereof..... **9-23-44**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation..... **Calvary Cemetery**

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?..... Means of injury.....  
 23. Signature..... **Alfred J. Perry** (M. D. or other)  
 Address..... **Deputy Registrar** Date signed..... **9-21-44**

18. (a) Signature of funeral director..... **Arthur J. Donnelly**  
 (b) Address..... **3840 Lindell Blvd**  
 19. (a) **SEP 21 1944** (b) **J. Forester**  
(Date received local registrar) (Registrar's signature)

**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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 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.**