

FILED SEP 30 1944

Primary Registration District No. 6076

Registrar's No. 1980

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town ROBERTSON MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
BALAYERS & Woodland 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) 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town Robertson Mo
(If outside city or town limits, write "RURAL")
(d) Street No. BALAYERS & Woodland Ave
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ALFRED Newman ALLEN

3. (b) If veteran, name war No 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race Negro 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife EMMA ALLEN 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased (Month) 7 (Day) 16 (Year) 1879

8. AGE: Years 65 Months 2 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace HARTFORD CO. GEORGIA
(City, town, or county) (State or foreign country)

10. Usual occupation LABOR

11. Industry or business NONE

12. Name BARNEY PORT ALLEN

13. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

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

16. (a) Informant EMMA's ALLEN

(b) Address Robertson Mo.

17. (a) BURIAL (b) Date thereof 9 26 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington PARK Cem.

18. (a) Signature of funeral director Boyd Bros. Funeral Home

(b) Address Lix & Stanza So. Kinloch Mo.

19. (a) SEP 26 1944 (b) H. McLarn
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 22 year 1944 hour _____ min _____ M.

21. I hereby certify that I attended the deceased from _____
that I last saw _____ alive on Sept. 21 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis and

Due to _____

Due to Rheumatism

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

Major findings:
Of operations: 93e
Of autopsy: _____

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) (e) Means of injury _____

23. Signature Joe. R. Ramsey (M. D. or other) _____
Address St. Louis Date signed Sept 24

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

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

66006

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 Rouis V. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 Finney

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.