S. No. 2
M—5-43
v. 5-17-39
1 X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 78427

FILED MAR 23 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2335

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:
4163 Blaine Ave.
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4163 Blaine Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles L. Allen

3. (b) If veteran, name war Nil

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Eva M. Allen

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased November (Month) 25 (Day) 1879 (Year)

8. AGE: Years 65 Months 3 Days 17 If less than one day hr. min.

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

10. Usual occupation Landscaper

11. Industry or business

FATHER
12. Name Valentine Allen
13. Birthplace Newberg (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Katherine Fore
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Eva Allen
(b) Address 4163 Blaine Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-14-45 (Month) (Day) (Year)
(c) Place: burial or cremation Rolla, Missouri

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) MAR 12 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12 year 1945 hour 5:15 minute A. M.

21. I hereby certify that I attended the deceased from MARCH 9, 1945, to MARCH 12, 1945, that I last saw him alive on MARCH 12, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death MYOCARDITIS, Chronic — Duration

Due to INFIRMITIES OF AGE

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy NONE PERFORMED

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 G. F. Briggs (M. D. ~~or other~~)
Address 3918 Castleman ave Date signed 3-12-45.

(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.....

Licensed Embalmer No.....

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.