

FILED JUL 14 1945
 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5506

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:
Barnes Hospital,
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri. (b) County 000
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 5536 Pershing Ave
(If rural, give location)
 (e) Citizen of foreign country? NO 0 (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME DAVID COWAN McALLISTER
 3. (b) If veteran, name war none
 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Divorced
 6. (b) Name of husband or wife Helen McAllister
 6. (c) Age of husband or wife if alive 60 years
 7. Birth date of deceased March 19 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 3 4 hr. min.

9. Birthplace Walton New York
(City, town, or county) (State or foreign country)

10. Usual occupation School Teacher

11. Industry or business Country Day School

MOTHER FATHER
 12. Name Calvin McAllister
 13. Birthplace New York
(City, town, or county) (State or foreign country)
 14. Maiden name Mary Cowan
 15. Birthplace New York
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. H.H. Bliss
 (b) Address 101 Mason Webster Groves 19 Mo.

17. (a) Cremation (b) Date thereof 6/25/45
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Stanza & Co. Inc.

18. (a) Signature of funeral director Mittelberg Fun. Home
 (b) Address Webster Groves 19 Mo.

19. (a) JUN 25 1945 (b) J. J. Brudick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 22
 year 1945 hour 8 minute 10 P. M.
 21. I hereby certify that I attended the deceased from June 16, 1945 to June 22, 1945
 that I last saw him alive on June 22, 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of esophagus
= tracheal-esophageal
fistula
 Due to _____

Other conditions Arteriosclerotic heart disease
(Include pregnancy within 8 months of death)

Major findings: Of operations _____
 Of autopsy As above

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 J.R. Brudick (M. D. or other)
 Address Barnes Hospital, Date signed 6/23/45

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

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 M. Meyer

Licensed Embalmer No. *3388*

P. O. Address. *340 W. Adams Ave*
Kirkwood 27 Mo.

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.