. S. No. 2
DM—8-43
v. 5-17-39
I X37823

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. 21612
5848

FILED JUL 20 1945

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

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: St. Louis Children's
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 021 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DEACESED:
(a) State Mo. (b) County St. Louis 96
(c) City or town Crescent 8
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location) NR.
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Judith Anne Allen
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex female
5. Color or race wht
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 6 (Month) 12 (Day) 45 (Year)

8. AGE: Years — Months — Days 22 If less than one day hr. min.

9. Birthplace Crescent (City, town, or county) Mo. (State or foreign country)
10. Usual occupation
11. Industry or business

MOTHER FATHER
12. Name HERBERT ALLEN
13. Birthplace SUMMITVILLE (City, town, or county) INDIANA (State or foreign country)
14. Maiden name MARIE FECO
15. Birthplace CENTER RIDGE (City, town, or county) ARK. (State or foreign country)

16. (a) Informant HERBERT ALLEN
(b) Address FOREST AV. TIMES BEACH
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7-5-1945 (Month) (Day) (Year)
(c) Place: burial or cremation GLENCHO CATHIC CEM.
18. (a) Signature of funeral director SCHRADER FUNERAL HOME
(b) Address BALLWIN MO.
19. (a) JUL 6 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 4 year 45 hour 12 minute 30 A.M.
21. I hereby certify that I attended the deceased from 6-13, 1945 to 7-4, 1945 that I last saw h. e r. alive on 7-4, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity
Diarrhea

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 J. J. Blattner (M. D. or other)
Address 500 S. Kingshighway Date signed

(Licensed Embalmer's Statement on Reverse Side)

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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 Not Embalmed

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.