

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 4

Registration District No. 162 Primary Registration District No. 55-95+251

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town Kimmswick, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Railroad Right Away Kimmswick, Mo. ?
(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 _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Texas (b) County 990

(c) City or town Elgin 41
(If outside city or town limits, write "RURAL")

(d) Street No. Route 4 0
(If rural, give location)

(e) Citizen of foreign country? No 2
(Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME OSCAR A. ALLISON

3. (b) If veteran, name war World War II

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 12
year 1945 hour not known minute _____ M.

21. I hereby certify that I attended the deceased from Not seen
_____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Inez Allison

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

7. Birth date of deceased Unknown
(Month) (Day) (Year)

Immediate cause of death Basal fracture of skull. Duration

Due to Fall from train

8. AGE: Years Months Days If less than one day

About 28 _____ hr. _____ min.

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

10. Usual occupation Soldier US Army

Due to _____

Other conditions Subdural hemorrhage
(Include pregnancy within 3 months of death)

11. Industry or business _____

12. Name Unknown

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy Same as above 19279

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

MOTHER FATHER {

16. (a) Informant Military Records

(b) Address Jefferson Barracks, Mo.

17. (a) Removal (b) Date thereof Oct. 13, 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elgin, Texas

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.

(b) Address 7814 S. Broadway St. Louis, Mo.

19. (a) 10-13-45 (b) Phil J. Park
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence October 12, 1945

(c) Where did injury occur? Kimmswick, Mo. Jeff. Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Railroad right of way

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature Phil J. Park (M. D. or other) _____
Address Sta. Home, Jefferson Bks., Mo. Date signed 10-12

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 11-2-45

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 Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.