

FILED NOV 19 1945 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 318

Primary Registration District No. 100.3

Registrar's No. 9760

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: St. Mary's Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
In this community 0 years, months or days (Specify whether)

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") 17
(d) Street No. 1811 1/2 Lucas Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Caroline Allen

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex 73 5. Color or race Color 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 1945 years

7. Birth date of deceased Oct. 8 1945
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 29 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country) 0

10. Usual occupation --

11. Industry or business --

MOTHER FATHER

12. Name Joseph Allen

13. Birthplace Memphis, Tennessee (City, town, or county) (State or foreign country) 1

14. Maiden name Carrie Mae Stiles

15. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country) 0

16. (a) Informant Joseph Allen

(b) Address 1811 1/2 Lucas Ave.

17. (a) Burial (b) Date thereof 11-10-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Chas. E. Gates

(b) Address 4107 Finney Ave.

19. (a) NOV 10 1945 (Date received by local registrar) J. Bredek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 7 year 45 hour 10 minute _____ P.M.

21. I hereby certify that I attended the deceased from 11-3 to 11-7 1945
that I last saw her alive on 10-7 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration 1 day
Due to Malnutrition 3 wks.

Due to _____
Other conditions 157
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Same as Patent Ductus

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 0

23. Signature Marion D. Clay (M. D. or other) Th.D.
Address 1536 Papin Date signed 11-9-45

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

STATEMENT BY LICENSED EMBALMER

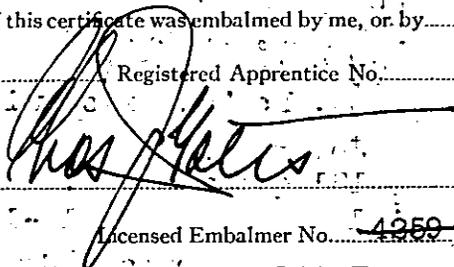
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Thomas J. Gates
Thomas J. Gates

Registered Apprentice No.

working under my personal supervision.

Signed



Licensed Embalmer No.

4959-1875

P. O. Address 4107 Finney Ave.

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.