

FILED FEB 20 1946

Primary Registration District No. **1003**

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

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:
Enroute to City Hospital 3
(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 _____
years, months or days

3. (a) PRINT FULL NAME Charles Summer 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 Widower

6. (b) Name of husband or wife Elsie Allen

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

7. Birth date of deceased January 15 1881
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>65</u>	<u>0</u>	<u>20</u>	_____hr. _____min.

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

10. Usual occupation Western Union Messenger

11. Industry or business _____

MOTHER FATHER { 12. Name Charles W. Allen

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

14. Maiden name Edna Hawkins

15. Birthplace Unknown South Dakota /
(City, town, or county) (State or foreign country)

16. (a) Informant T.P. Allen

(b) Address Denver, Colorado

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-8-46
(Month) (Day) (Year)

(c) Place: burial or cremation Gordon, Nebraska

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) FEB 7 1946 (Date received local registrar)
Ju T. [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County oag

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2232a S. Grand Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) 0

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 5
year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 7/27/45
19____ to 2/5/46 19____;
that I last saw him alive on 1/22/46 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cachexia
Senility & Psycho-neurosis 17y
Unknown 84

Due to _____

Due to _____

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____

Of autopsy _____

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 Walter H. [Signature] (M. D. or other) no

Address 2602 S. Grand Date 2/7/46

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.....

Elmer R. Padwell

Licensed Embalmer No..... 4077

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.