

FILED OCT 17 1946

Registration District No. 161

Primary Registration District No. 5894

Registrar's No. 31

1. PLACE OF DEATH:

(a) County JEFFERSON
 (b) City or town MURRAY MERAMEC
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: ST. JOSEPH'S HILL INFIRMARY
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 14 DAYS
 (Specify whether years, months or days)
 In this community: _____

3. (a) PRINT FULL NAME HARRY JAMES ALLEN

3. (b) If veteran, name was NONE 3. (c) Social Security No. NONE

4. Sex MO 5. Color or race W
 6. (a) Single, widowed, married, divorced SINGLE
 6. (b) Name of husband or wife NONE 6. (c) Age of husband or wife if alive NONE years
 7. Birth date of deceased May 5 1874
 (Month) (Day) (Year)

8. AGE: Years 72 Months 5 Days 0 If less than one day hr. min.

9. Birthplace ESSEX JUNCTION VERMONT
 (City, town, or county) (State or foreign country)

10. Usual occupation Manager

11. Industry or business Bowling alley

12. Name JOHN (JACK) ALLEN

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

14. Maiden name MARY O'LEARY

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

16. (a) Informant Dr. Peter's Cemetery Kirkswood

(b) Address St. Joseph's Hill Infirmary

17. (a) Burial (b) Date thereof OCT. 9 1946
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or, cremation St. Peter's Cemetery Kirkswood

18. (a) Signature of funeral director Louis H. Bopp

(b) Address 131 W. Argonne St.

19. (a) OCT. 7 1946 (b) Mrs J. S. Kuehelo
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ST LOUIS
 (c) City or town Kirkwood
 (If outside city or town limits, write "RURAL")
 (d) Street No. 138 W. Clinton St.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT. day 5 year 1946 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept. 21 1946 to OCT. 5 1946
 that I last saw him alive on OCT. 5 1946
 and that death occurred on the date and hour stated above.
 Immediate cause of death: CHRONIC MYOCARDITIS Duration _____

Due to ADENOCARCINOMA OF PROSTATE

Due to _____

Other conditions (Include pregnancy within 3 months of death)

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) (c) Means of injury _____

23. Signature J. H. Marder M.D. (M. D. or other)
 Address 3155 N. VANDEVENTER Date signed 10-5-46

(Licensed Embalmer's Statement on Reverse Side) ST. LOUIS, MO.

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

MOTHER FATHER

Date Filed 10-16-46

District File Number

District Health Officer No. 9

RECEIVED

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.....

Felix duRand

Licensed Embalmer No. 3034

P. O. Address Kirkwood Mo (2)

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: