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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 7 1947
318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. **42327**
Registrar's No. **11083**

Registration District No. **318** Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County St. Louis, Mo.
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Peoples Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Allie Douglas
3. (b) If veteran, name war No **3. (c)** Social Security No. _____

4. Sex Female **5. Color or race** Col.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Briscoe Douglas
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased June 1st, 1872
(Month) (Day) (Year)

8. AGE: Years 54 Months 6 Days 20
If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name Ben Allen
13. Birthplace Miss.
14. Maiden name Jenett (?)
15. Birthplace La.
(City, town, or county) (State or foreign country)

16. (a) Informant Briscoe Douglas
(b) Address 3428 Lawton Avenue

17. (a) Burial **(b) Date thereof** 12/27/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director [Signature]
(b) Address St. Louis 357 Lae

19. (a) DEC 24 1946 **(b)** [Signature]
(Date received local certificate) (Registrar's signature)

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") 2117
(d) Street No. 3428 Lawton
(If rural, give location) 9
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 22
year 1946 hour 12:00 minute 30 A. M.
21. I hereby certify that I attended the deceased from Dec. 9,
1946 to Dec. 22, 1946
that I last saw her alive on Dec. 21, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myo-Carditis
Due to Nephritis, Rheumatism
Due to _____
Other conditions [Signature]
(Include pregnancy within 3 months of death)

Major findings:
Of operations [Signature]
Of autopsy [Signature]

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? 0 (Specify type of place) _____
(e) Means of injury _____
23. Signature [Signature] (M. D. or other) _____
Address 2742A Franklin **Date signed** 12/23

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

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

DEC 24 1946

(Licensed Embalmer's Statement on Reverse Side)

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 *A. M. Cheen*

Licensed Embalmer No. *1173*

P. O. Address *3517 Sackels*

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.