No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42816

FILED JAN 9 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11885

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

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: 5328 Page Blvd.
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 0-20

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5328 Page Blvd. 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Emma Marie Allen

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Dr. Claude Allen

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Dec. (Month) 10 (Day) 1878 (Year)

8. AGE: Years 69 Months 0 Days 18 If less than one day hr. min.

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

10. Usual occupation Home

11. Industry or business

MOTHER FATHER

12. Name Jacob Phillips

13. Birthplace (City, town, or county) Mo. (State or foreign country) 0

14. Maiden name Louisa ----

15. Birthplace (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant Dr. Claude Allen

(b) Address 5328 Page Blvd.

17. (a) Mausoleum (Burial, cremation, or removal) (b) Date thereof 12-31-47 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Mausoleum

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) DEC 29 1947 (Date received local registrar) (b) J. F. Bedecke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 28 year 1947 hour 10 minute 15 A. M.

21. I hereby certify that I attended the deceased from Dec-16, 1947, to Dec-28, 1947 that I last saw her alive on Dec-27, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	15 min.
Due to: Chronic Hypertension	5 yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations —
Of autopsy —

PHYSICIAN

Underline the cause of 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) 0

While at work? (e) Means of injury

23. Signature Gordon M. Shutt (M. D. or other) M.D.

Address 220-N-4th St. Date signed 12/29/47

St. Louis-2-Mo.

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

1:30 to 4

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.....Albert R. Thompson Jr

Licensed Embalmer No. 4237

P. O. Address St Louis

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.