No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 21 1948

Registration District No. 317

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 3449

Registrar's No. 156

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Allenton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ✓
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community about 65 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Allenton
(If outside city or town limits, write "RURAL")

(d) Street No. ✓
(If rural, give location)

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

If yes, name country ✓

3. (a) PRINT FULL NAME Robert Edward Allen

3. (b) If veteran, name war no

3. (c) Social Security No. 499-10-6983

4. Sex male

5. Color or race white

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

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

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Dec. (Month) 7 (Day) 1870 (Year)

8. AGE:	Years	Months	Days	If less than one day
	77	1	10	hr. min.

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

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Robert C Allen
13. Birthplace (City, town, or county) New York (State or foreign country)

MOTHER
14. Maiden name Emily Wangler
15. Birthplace Allenton (City, town, or county) Mo (State or foreign country)

16. (a) Informant Robt Allen Jr.
(b) Address Allenton, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/20/48 (Month) (Day) (Year)
(c) Place: burial or cremation Allenton, Mo.

18. (a) Signature of funeral director Jno. L. Thielen
(b) Address Pacific, Mo.

19. (a) 1-19-48 (Date received local registrar) (b) Paul A. Shop MD (Registrar's signature) MSC

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Jan day 17
year 1948 hour 8 minute 15 A.M.

21. I hereby certify that I attended the deceased from Jan. 10, 1948, to Jan 17, 1948;
that I last saw him alive on Jan. 16, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	
Due to	
Due to 430	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 A. N. Brock (M. D. or other)

Address Eureka Mo. Date signed 1-18-48

(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 Jno. L Thiebes

Licensed Embalmer No. 3008

P. O. Address Pacific, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.