

S. No. 300
M-10-47
I-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 5987
Registrar's No. 2286

FILED MAR 15 1948
318
Registration District No. _____

Primary Registration District No. _____

WRITE PLAINLY—USE 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:
Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County ood
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1908 Division
21 (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sylvia Allen
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar. day 2
year 1948 hour 11 minute 10 P. M.

4. Sex Female 5. Color or race Colored
6. (a) Single, widowed, married, divorced child

21. I hereby certify that I attended the deceased from
Feb. 26, 1948 to Mar. 2, 1948
that I last saw her alive on Mar. 2, 1948
and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive _____ years

Immediate cause of death
Severe Diarrhea
Due to _____
Due to _____
Other conditions Malnutrition & Dehydration
(Include pregnancy within 3 months of death)

7. Birth date of deceased May 29
(Month) (Day) (Year)

Major findings:
Of operations _____
Of autopsy None

8. AGE: Years _____ Months 9 Days 3
If less than one day _____ hr. _____ min.

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

10. Usual occupation None

11. Industry or business _____

12. Name Alvin Allen

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

14. Maiden name Deloris Costello

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

16. (a) Informant Alvin Allen
(b) Address 1908 Division

17. (a) Burial (b) Date thereof 3-6-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakdale
18. (a) Signature of funeral director S. Wade Granberry
(b) Address 4202 Finney
19. (a) MAR 6 1948 (Registrar's signature) J. F. Brodeur

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? _____
What work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature Barrett Bowers (M. D. or other) _____
Address 2601 N. Whittier Date signed 3/5/48

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

Melvin E. Green

Licensed Embalmer No. *4428*

P. O. Address *St. Louis, Mo.*

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.