

No. 300
M-10-47
v. 5-17-39
I 3906

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED APR 12 1948

U.S. DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

9930
State File No. _____
Registrar's No. 3236

Registration District No. 318 Primary Registration District No. 1003

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17
9
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:
3647 Page Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 26 years years, months or days)

3. (a) PRINT FULL NAME EVA ALLEN
3. (b) If veteran, name war -- 3. (c) Social Security No. --
4. Sex Female 5. Color or race C 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Isaac 6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased Dec. 24 1887
(Month) (Day) (Year)

8. AGE: Years 59 Months 3 Days 6 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business --

12. Name James Rowan

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

14. Maiden name Martha Owens

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

16. (a) Informant Mayme Jones

(b) Address 4002 S. Calumet, Chicago

17. (a) Burial (b) Date thereof 4-6-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Chas. J. Gates

(b) Address 4107 Finney Ave.

19. (a) APR 3 1948 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO. (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3647 Page Blvd. 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar. day 30th
year 1948 hour 12 minute 25 M.
21. I hereby certify that I attended the deceased from Nov. 1947 to 3-30 1948
that I last saw her alive on 3-30 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Coronary Heart Disease
Due to _____
Due to _____

Other conditions 7/4
(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? _____

23. Signature [Signature] (M. D. or other) _____
Address 11 N. Jefferson Ave Date signed 4-2-48
While at work? _____ (Specify type of place) (b) Means of injury _____

Duration Terminal
4 hours
PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....

Thomas J. Gates

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Thomas J. Gates

Licensed Embalmer No. 4259

P. O. Address 4107 7th St

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.