FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

20615

FILED JUN 21 1948

Registration District No. 318

Primary Registration District No. 1003

State File No. 5389

Registrar's No.

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 ~~2850 N. Grand Blvd.~~ En Route City Hosp
(If not in hospital or institution, write street number or location)

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

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. 2850 N. Grand Blvd. 9
(If rural, give location)

(e) Citizen of foreign country? 10 (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME William Allis

3. (b) If veteran, name war No

3. (c) Social Security No. Unknown

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Annie Ellis

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

7. Birth date of deceased January 6, 1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	73	5	5	hr. min.

9. Birthplace (City, town, or county) Lithuaneia (State or foreign country) 8

10. Usual occupation Retired Coal Miner

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace (City, town, or county) Lithuaneia (State or foreign country) 8

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Lithuaneia (State or foreign country) 8

16. (a) Informant Mrs. Christina Ayiatres
(b) Address 2850 N. Grand Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/15/48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Paschedag-Henke
(b) Address 2825 N. Grand Blvd

19. (a) JUN 14 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11th
year 1948 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Ruptured left ventricle anterior wall

~~Due to~~

Due to 95 C

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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)
While at work? (e) Means of injury 0

23. Signature Alfred Perry (M. D. or other)
Address Crystal Corona Date signed 6/14/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

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 John S. Dennek

Licensed Embalmer No. 41940

P. O. Address.....

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

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