DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 13 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27470

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7625

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: Booth Memorial Hospital 0
(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 Missouri (b) County 000

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

(d) Street No. 1957 Cherokee 9
(If rural, give location)

(e) Citizen of foreign country? ~~28~~ 24 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Baby Allison

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased August (Month) 27 (Day) 1948 (Year)

8. AGE: Years 0 Months 0 Days 1 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name Joseph Allison
13. Birthplace Point Pleasant (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Jean Monger
15. Birthplace (City, town, or county) England 4 (State or foreign country)

16. (a) Informant Joseph Allison
(b) Address 1957 Cherokee St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-30-48 (Month) (Day) (Year)
(c) Place: burial or cremation Park Lawn Cemetery

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) AUG 30 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 28 year 1948 hour 7 minute 0 P.M.

21. I hereby certify that I attended the deceased from Aug. 27, 1948, to Aug. 28, 1948 that I last saw him alive on Aug. 28, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhagic Disease of the Newborn. 161

Due to

Due to

Other conditions Atelectasis, Intracranial Hemorrhage
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration 24 hrs.

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

23. Signature Arthur J. Meagher (M. D. or other) M.D.

Address 3740 Marine Ave Date signed 8-28-48

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE 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.....

Licensed Embalmer No.....

P. O. Address.....

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.