

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **28444**
1964
Registrar's No. _____

FILED SEP 7 1948

Registration District No. **17**

Primary Registration District No. **6076**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **Ballwin**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Pine Crest, Div. #1
(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

3. (a) PRINT FULL NAME **Della Estes Allen**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widow**
6. (b) Name of husband or wife **John Allen** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **September 22 1878**
(Month) (Day) (Year)

8. AGE: Years **69** Months **10** Days **27** If less than one day _____ hr. _____ min.

9. Birthplace **Millburn Kentucky**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____
12. Name **James A. Richardson**
13. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)
14. Maiden name **Julia A. James**
15. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Helen Rumley**
(b) Address **6720 Maryellen**

17. (a) **Burial** (b) Date thereof **8-21-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla Cemetery**

18. (a) Signature of funeral director **Shepard Funeral Home**
(b) Address **1167 Hamilton Ave.**

19. (a) **8-19-48** (b) **Cecilia Z. Sharp, M.D.**
(Date received local registrar) (Registrar's signature) (G.H.)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **Ballwin**
(If outside city or town limits, write "RURAL")
(d) Street No. **Pine Crest, Div. #1**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **19**
year **1948** hour **4** minute **30** P.M.

21. I hereby certify that I attended the deceased from **March 18**
19**48** to **Aug 19** 19**48**;
that I last saw **her** alive on **Aug 16** 19**48**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myeloid leukemia** Duration _____

Due to **scrub typhus** **93D**

Due to _____

Other conditions (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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **A. L. Merklin** (M. D. or other) _____
Address **3507 Paloma** Date signed **8-19-48**

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

MOTHER FATHER

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

Henry M. Brammer

- - Licensed Embalmer No.

4200

P. O. Address

St. Louis

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.