

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 1 1949

318

1003

State File No. 9748
2470
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo Missouri b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		d. STREET ADDRESS (If rural, give location) 4627 Enright			
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips				d. STREET ADDRESS (If rural, give location) _____					
3. NAME OF DECEASED (Type or Print) a. (First) Nathan b. (Middle) _____ c. (Last) Allen			4. DATE OF DEATH (Month) (Day) (Year) 3 14 1949						
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married		8. DATE OF BIRTH 10/1/1882			
9. AGE (In years last birthday) 66		10. USUAL OCCUPATION (Give kind of work denoting most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Newobony, Miss.			
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME William D. Allen		13b. MOTHER'S MAIDEN NAME Emma Rogers		13c. NAME OF HUSBAND OR WIFE Henrietta Allen			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 426-14-4272		17. INFORMANT'S SIGNATURE OR NAME Henrietta Allen		ADDRESS 4627 Enright			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES (b) Interstitital Nephritis Cirrhosis of Liver Morbidity conditions, if any, arising due to (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death, but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:00 A m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Cathie E. Taylor Coroner				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 3-18-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-21-49		24c. NAME OF CEMETERY OR CREMATORY Oakdale		24d. LOCATION (City, town, or county) (State) St. Louis Co.			
DATE REC'D BY LOCAL HEALTH DEPT. APR 18 1949		REGISTRAR'S SIGNATURE J. B. Blaster		25. FUNERAL DIRECTOR'S SIGNATURE G. Wade Granbery		ADDRESS 4202 Finney			

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.....

..... ~~Student Embalmer No.~~

working under my personal supervision.

Student
Student Embalmer

Signed

Leroy U. Bonister

Licensed Embalmer No. *4523*

P. O. Address *3880 Easton Ave.*

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.