

FILED SEP 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27753

BIRTH NO. _____		REG. DIST. NO. 310	PRIMARY REG. DIST. NO. 3058	Registrar's No. 151
1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Charles		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles		
d. FULL NAME OF HOSPITAL OR INSTITUTION 1112 Dardenne		d. STREET ADDRESS (If rural, give location) Spring Avenue		
3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) W. c. (Last) Allred Sr.		4. DATE OF DEATH (Month) (Day) (Year) August 16-1949		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH March 19, 1876	9. AGE (In years last birthday) 73
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber -- retired - Barber		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) DeSoto, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME W. W. Allred		
13b. MOTHER'S MAIDEN NAME Mary C. Washburn		14. NAME OF HUSBAND OR WIFE unknown Julia Warren		
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. NIL		17. INFORMANT'S SIGNATURE OR NAME ADDRESS George W. Allred, Jr. - St. Charles, Mo.
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) Broken compensation 2 days ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chr. Myocardial insufficiency DUE TO (c) Gen. Arterio sclerosis 10/47 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4221		
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		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 Sept 1948, to Aug 16, 1949, that I last saw the deceased alive on Aug 16, 1949, and that death occurred at 5:30 P.M., from the causes and on the date stated above.				
23a. SIGNATURE 4000 Irish Schuch (Print)		23b. ADDRESS St. Charles Mo.		23c. DATE SIGNED 8/17/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug 19-1949		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery
24d. LOCATION (City, town, or county) (State) St. Charles, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. C. Hallenmeyer & Sons Co. 800 N. 2nd - St. Charles, Mo.		
DATE REC'D BY LOCAL REG. 8/20/49		REGISTRAR'S SIGNATURE Jamie Hamilton		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
AUG 27 1949
District Health Officer No. 9,
District File Number

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 4189

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Joseph E. Landolt

Licensed Embalmer No. 4189

P. O. Address St. Charles

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.