

FILED SEP 2 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27823**  
**7882**

**318** **1003**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>065</b>				
b. CITY OR TOWN <b>St Louis</b>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <b>St. Louis</b>		_____		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4044 Enright Ave</b>				d. STREET ADDRESS (If rural, give location) <b>4044 Enright Ave</b>				
3. NAME OF DECEASED (Type or Print) <b>Albert</b>			a. (First) _____		b. (Middle) _____		c. (Last) <b>Allen</b>	
4. DATE OF DEATH <b>Aug 22 1949</b>		(Month) _____ (Day) _____ (Year) <b>1949</b>		5. SEX <b>male</b>		6. COLOR OR RACE <b>col</b>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>July 10 1879</b>		9. AGE (In years last birthday) <b>70</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Pullman Porter</b>		
11. BIRTHPLACE (State or foreign country) <b>Huntingdon Tenn</b>		12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <b>Green Allen</b>		13b. MOTHER'S MAIDEN NAME <b>Hannah Bledsoe</b>		
14. NAME OF HUSBAND OR WIFE <b>Essie Allen</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>709-10-1982</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Essie Allen</b> ADDRESS <b>4044 Enright Ave</b>		
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Miscel Infection</b> INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <b>920</b>				
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? <b>H/OX</b>				
22. I hereby certify that I attended the deceased from <b>8-2</b> , 1949, to <b>8-22</b> , 1949, that I last saw the deceased alive on <b>8/22</b> , 1949, and that death occurred at <b>6 P</b> m., from the causes and on the date stated above.								
23a. SIGNATURE <b>J.W. Wilkerson M.D.</b>		(Degree or title) _____		23b. ADDRESS <b>414 1/2 Page</b>		23c. DATE SIGNED <b>8/23/49</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <b>Aug 26 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Highland</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>		
DATE RECD BY LOCAL REG. <b>AUG 1949</b>		LOCAL REGISTRAR'S SIGNATURE <b>J. B. Randle</b>		FUNERAL DIRECTOR'S SIGNATURE <b>J. B. Randle &amp; Son</b>		ADDRESS <b>3133 Bell Ave</b>		

(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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*J. J. Watson*

Signed.....  
Student Embalmer

Licensed Embalmer No. *2698*

P. O. Address *2469 Chouteau*

**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.**