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

FILED AUG 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28814

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3070 Registrar's No. 1889

1. PLACE OF DEATH
a. COUNTY: ST LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WEBSTER GROVES
c. LENGTH OF STAY (in this place): 70 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): NONE 25 Plant Ave

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: ST LOUIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WEBSTER GROVES 46
d. STREET ADDRESS (If rural, give location): 25 PLANT AVE 4

3. NAME OF DECEASED (Type or Print)
a. (First): MILDRED
b. (Middle): KING
c. (Last): ALLEN

4. DATE OF DEATH (Month) (Day) (Year): 8 - 4 - 1949

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: MAY 11 - 1877
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LIBRIARIAN
10b. KIND OF BUSINESS OR INDUSTRY: TEACHER-RETIRED
11. BIRTHPLACE (State or foreign country): ST LOUIS 10
12. CITIZEN OF WHAT COUNTRY?: U.S

13a. FATHER'S NAME: JAMES F. ALLEN
13b. MOTHER'S MAIDEN NAME: SARAH KING
14. NAME OF HUSBAND OR WIFE: NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: Helen Allen Harper — ADDRESS: Webster Groves

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial damage — INTERVAL BETWEEN ONSET AND DEATH: 6 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease — ? yrs.
DUE TO (c) Generalized arteriosclerosis — indeterm.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None — 4200

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2 March, 1949, *to* 24 July, 1949, *that I last saw the deceased alive on* 24 July, 1949, *and that death occurred at* 4 30/p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): David Nafe Kerr M.D.
23b. ADDRESS: Listed Building
23c. DATE SIGNED: 8-5-49

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 8-7-1949
24c. NAME OF CEMETERY OR CREMATORY: OAK HILL CEMETERY
24d. LOCATION (City, town, or county): KIRKWOOD (State): MO

DATE REC'D BY LOCAL REG.: 8-6-49
REGISTRAR'S SIGNATURE: Herbert R. Hamke Jr.
25. FUNERAL DIRECTOR'S SIGNATURE: Parker Und Co. — ADDRESS: Webster Groves Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Leslie Welch

Licensed Embalmer, No. 4395

P. O. Address Webster Groves Mo.

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.