

FILED OCT 3 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29291

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>1038</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> c. LENGTH OF STAY (in this place) <u>10 years</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> d. STREET ADDRESS (If rural, give location) <u>1208 S. 29th Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Albert</u> b. (Middle) <u>LeRoy</u> c. (Last) <u>Allen</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>September 21, 1949</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>October 22, 1885</u>		9. AGE (In years last birthday) <u>63</u> If under 1 year: Months _____ Days _____ If under 1 hr.: Hours _____ Min. _____		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Construction</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Construction</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>aworking</u>		11. BIRTHPLACE (State or foreign country) <u>Hull, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Edward Allen</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah George</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Clara Smith</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>*****</u>	
16. SOCIAL SECURITY NO. <u>490-07-6553</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Miss. Frances Estergren</u>		ADDRESS <u>St. Joseph, Mo.</u>		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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>9 hours</u> <u>2 hours</u> <u>331X</u>	
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) (Minute) 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 <u>9-20-49</u> , 19 <u>49</u> , to <u>9-21-49</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>9-20-49</u> , 19 <u>49</u> , and that death occurred at <u>5:35A</u> m., from the causes and on the date stated above.		23a. SIGNATURE <u>W. C. Serine</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>207 P St Bldg St Joseph, Mo</u>	
23c. DATE SIGNED <u>9-22-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 24, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ashland Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Meierhoff</u>		ADDRESS <u>1046 Colhoun St. St. Joseph, Mo.</u>		DATE REC'D BY LOCAL REG. <u>Sept 27, 1949</u>	
REGISTRAR'S SIGNATURE <u>E. E. Jenkins</u>		382		382		382	

(Licensed Embalmer's Statement on Reverse Side)

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

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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 \*\*\*\*\*

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\*\*\*\*\*

Student Embalmer No. \*\*\*\*\*

working under my personal supervision.

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Student .....  
Student Embalmer

Signed

*Robert C. Harrington*

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, 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.