

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35622
State File No.

FILED OCT 19 1950

BIRTH NO. REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **2453**

1. PLACE OF DEATH a. COUNTY Saint Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Velda Village		c. LENGTH OF STAY (in this place) 11 Years	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Velda Village		4160
d. FULL NAME OF HOSPITAL OR INSTITUTION 3214 Kemp Drive			d. STREET ADDRESS (If rural, give location) 3214 Kemp Drive		

3. NAME OF DECEASED (Type or Print) a. (First) Sally b. (Middle) M. c. (Last) Allen			4. DATE OF DEATH (Month) (Day) (Year) October 12th, 1950		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 9th, 1868	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months 3 Days 3	IF UNDER 12 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Indiana		12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William Allen		13b. MOTHER'S MAIDEN NAME Martha Collins		14. NAME OF HUSBAND OR WIFE Late William B. Allen	
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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. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. B. N. Rosene, 3214 Kemp Drive		
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Multiple Atherosclerosis DUE TO (c) Arterio Sclerosis				INTERVAL BETWEEN ONSET AND DEATH 8 yrs. 18 yrs. 4221
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)			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 **Oct. 9th, 1950**, to **Oct. 24th, 1950**, that I last saw the deceased alive on **Oct. 11th, 1950**, and that death occurred at **2:00 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Edwin J. Emshel, M.D. U		23b. ADDRESS 3635 Ar. Punster Ave		23c. DATE SIGNED. 10-12-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/13/50	24c. NAME OF CEMETERY OR CREMATORY National Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE OCT 13 1950 W. Donke M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Calvin F. Feutz, 4828 Natural Bridge Blvd.			
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(Licensed Embalmer's Statement on Reverse Side)

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

3635 N. Newmarket
Mem. 8752
Before 4:00 P.m. Thursday

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.....
Student Embalmer

Signed John A. Mullan
Licensed Embalmer No. 4186

P. O. Address St. Louis 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.