

FILED FEB 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6946
Registrar's No. 452

BIRTH NO. _____		REG. DIST. NO. <u>217</u>		PRIMARY REG. DIST. NO. <u>3066</u>		Registrar's No. <u>452</u>	
I. PLACE OF DEATH a. COUNTY <u>St. LOUIS County</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood</u>		c. LENGTH OF STAY (in this place) <u>3Dys.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>68 Kirkwood</u>		4683	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>209 Handy St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mack</u>		b. (Middle) <u>M. O'Allister</u>		c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 14 1951</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 27, 1899</u>	
9. AGE (In years last birthday) <u>51</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>17</u>		IF UNDER 48 HRS. Hours <u>17</u> Min. _____		11. BIRTHPLACE (State or foreign country) <u>Abadine / Miss.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Labor</u>		11. BIRTHPLACE (State or foreign country) <u>Abadine / Miss.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Edward McAllister</u>		13b. MOTHER'S MAIDEN NAME <u>Marcellia Ward</u>		14. NAME OF HUSBAND OR WIFE <u>Frankie McAllister</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>486-22-477</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Frankie McAllister</u> ADDRESS <u>209 Handy St.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MYOCARDIAL INFARCTION</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>CORONARY THROMBOSIS</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>GEN'L ARTERIOSCLEROSIS</u> <u>CEREBRAL THROMBOSIS</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u> <u>10915</u> <u>3 wks</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____		21d. (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? <u>4201</u>			
22. I hereby certify that I attended the deceased from <u>Feb. 11, 1951</u> , to <u>Feb 14, 1951</u> , that I last saw the deceased alive on <u>Feb. 7, 1951</u> , and that death occurred at <u>9:30am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Robert C. Puffer MD</u>		23b. ADDRESS <u>601 S. Brentwood Clayton Mo.</u>		23c. DATE SIGNED <u>2-14-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 19, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Father Dickson Chm</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2/17/51</u>		REGISTRAR'S SIGNATURE <u>Richard P. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John H. Humphill</u>		ADDRESS <u>408 S. Fillmore Kirkwood Mo</u>	

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.

Signed.....
Student Embalmer

Student Embalmer No.
Signed *Justin Bryant*
Licensed Embalmer No. *4441*
P. O. Address *408 Filmore*

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.