No. 300
10.48

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

Corr. by aff

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 9 1951

State File No. 9822

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2749

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place): 2 1/2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Park Lane Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 507 Bittner

2089 0

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): F.
c. (Last): Allwell

4. DATE OF DEATH (Month) (Day) (Year): March 22, 1951.

5. SEX: male 0

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widower 2

8. DATE OF BIRTH: March 25, ~~1869~~ 1872

9. AGE (In years last birthday): 78-81 | 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): Retired Carpenter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): St. Louis, Missouri. 0

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Patrick Allwell

13b. MOTHER'S MAIDEN NAME: Susan Jeffs

14. NAME OF HUSBAND OR WIFE: Deceased.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mr. Francis Allwell 507 Bittner Ave.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Epilepsy - (Etiology ?)

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 ☐ 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) a.m. p.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 Feb, 1949, to 3-21, 1951, that I last saw the deceased alive on 3-21, 1951, and that death occurred 3/22 2:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): [illegible] M.D.

23b. ADDRESS: 8201 N Broadway

23c. DATE SIGNED: 3/23/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 3-26-51.

24c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery

24d. LOCATION (City, town, or county) (State): St. Louis, Missouri.

DATE REC'D BY LOCAL REG.: MAR 24 1951

REGISTRAR'S SIGNATURE: J. B. Lasater

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Math Hermann & Son, Inc. 2161 E. Fair Ave.

(Licensed Embalmer's Statement on Reverse Side)

Self

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 Homer W. Fritz

Licensed Embalmer No. 3883

P. O. Address St. Louis

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... }

State File No. 9822
Local Registrar's No. 2749

AFFIDAVIT FOR CORRECTION OF A RECORD

On this ..... day of ....., 194....., before me appears .....
....., who, upon ..... oath, states that the original record of birth/death for John F. Allwell, died ~~xxxx~~ 3-22-~~1915~~ 1951, 19....., in the State of Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. 8 should read March 25 1872
Instead of 1869
Item No. 9 should read Age 78
Instead of 81
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Ruth Seever Fun. Dir
Relationship.
Math Hermann & Son, Inc.
2161 E. Fair
Present Address.

Subscribed and sworn to before me this 27 day of April, 1951

My Commission expires 3-4-53 Ella A. Paddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
M—8-43
I X37817