

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17772

State File No. 5159

FILED JUN 15 1951

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

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE		b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis MO		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis MO 2219		
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital		d. STREET ADDRESS (If rural, give location) 2629 Lucas Ave				
3. NAME OF DECEASED (Type or Print) Stella			a. (First)	b. (Middle)	c. (Last) Allen	
4. DATE OF DEATH (Month) (Day) (Year) May 31 1951		5. SEX Female		6. COLOR OR RACE Cauc		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Not known abt 54		9. AGE (In years last birthday) MONTHS DAYS 54		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MO		
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Not known		13b. MOTHER'S MAIDEN NAME Not known		
14. NAME OF HUSBAND OR WIFE Single		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 Frank Hunter		ADDRESS 1578 Cole St				
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Left Stag Horn Calculus and Chronic Pyelonephritis DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not stated in the disease or condition causing death. Fracture right humerus				INSET BETWEEN ONSET AND DEATH Undet. 5 mos?
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input 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) (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? 604XF		
22. I hereby certify that I attended the deceased from 1-19, 1951, to 5-31, 1951, that I last saw the deceased alive on 5-31, 1951, and that death occurred at 10:56pm., from the causes and on the date stated above.						
23a. SIGNATURE Robert Baran		(Degree or title) M. D.		23b. ADDRESS 2601 N. Whittier St		
23c. DATE SIGNED 5-31-51		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-5-51		
24c. NAME OF CEMETERY OR CREMATORY Greenwood		24d. LOCATION (City, town, or county) (State) St Louis MO				
DATE REC'D BY LOCAL REG. JUN 5 1951		REGISTRAR'S SIGNATURE J. B. Foster		25. FUNERAL DIRECTOR'S SIGNATURE A. P. Beal and Co		
				ADDRESS 4303 Delmar		

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 Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 4740 Campbell St

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.