

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24230

State File No.

FILED AUG 7 1951

6715

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>MO</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis</u>		2239	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>pronounced Dead At.</u>				d. STREET ADDRESS (If rural, give location) <u>1121 R. 2. 3rd St</u>			
3. NAME OF DECEASED (Type or Print) <u>Floyd</u>		a. (First) <u>Floyd</u>		b. (Last) <u>Allen</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7-20-51</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>Jan 22 1922</u>	
9. AGE (In years last birthday) <u>29</u>		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) _____		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Hamburg Ark</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Christian Allen</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u># 2</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Francis Ward 2120 Hickory St</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, asthma, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: <u>Gunshot wound of skull and brain, suffered when shot with gun in the hands of one Christine Allen, Col., wife of deceased in front of about 1616 S. 3rd Street, about 11:55 P.M., July 20, 1951.</u>				INTERVAL BETWEEN ONSET AND DEATH _____	
		ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>					
		II. OTHER SIGNIFICANT CONDITIONS <u>HOMICIDE</u>				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 <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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>E 981 X</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>11:55P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>John E. Doyle 3</u>				23b. ADDRESS <u>1306 Clare</u>		23c. DATE SIGNED <u>7/27/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>buried</u>		24b. DATE <u>July 27 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>National Center</u>		24d. LOCATION (City, town, or county) (State) <u>Jefferson Barock MO</u>	
DATE FILED BY LOCAL REG. <u>1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Basler</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>A. H. Burks 212 Carroll</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

Kitty

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 myself

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Tho J Yandell

Licensed Embalmer No. 4243

P. O. Address Webster Grove, 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.