

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31279**  
Registrar's No. **8077**

FILED SEP 22 1951

BIRTH NO. 55409-51 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>St. Louis</b>  |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><b>St. Louis</b>                                     |  |
| c. LENGTH OF STAY (in this place)<br><b>20 days</b>   |  | d. STREET ADDRESS (If rural, give location)<br><b>4325a Garfield</b>   |  |
| d. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR INSTITUTION <b>W. H. Phillips</b> |  |  |  |

|   |  |  |  |  |  |   |  |
|---|--|--|--|--|--|---|--|
| 3. NAME OF DECEASED<br>a. (First) <b>Jesse</b><br>(Type or Print) |  | b. (Middle)  |  | c. (Last) <b>Allen Jr.</b>                                   |  | 4. DATE OF DEATH<br>(Month) <b>8</b> (Day) <b>29</b> (Year) <b>51</b> |  |
| 5. SEX<br><b>Male</b>   |  | 6. COLOR OR RACE<br><b>Negro</b>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)       |  | 8. DATE OF BIRTH<br><b>8-9-51</b>                                     |  |
| 9. AGE (In years last birthday)                                   |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) |  | 11. BIRTHPLACE (State or foreign country)<br><b>Missouri</b> |  | 12. CITIZEN OF WHAT COUNTRY?  |  |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 13a. FATHER'S NAME<br><b>Jesse Allen</b>  |  | 13b. MOTHER'S MAIDEN NAME<br><b>Martella Kempler</b> |  | 14. NAME OF HUSBAND OR WIFE                              |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service) |  | 16. SOCIAL SECURITY NO.                              |  | 17. INFORMANT'S SIGNATURE OR NAME<br><i>Mary D. Jett</i> |  |
|   |  |  |  | ADDRESS<br><b>2601 N. Whittier</b>                       |  |

|  |  |  |  |                                  |  |
|--|--|--|--|----------------------------------|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)  |  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Epidemic Diarrhea</b>  |  | INTERVAL BETWEEN ONSET AND DEATH |  |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. |  | ANTECEDENT CAUSES<br>DUE TO (b) _____<br>DUE TO (c) _____  |  |                                  |  |
|  |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>Premature birth</b> |  |                                  |  |

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 19a. DATE OF OPERATION                          |  | 19b. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY?<br>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) |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR?<br><b>76450</b>  |  |

22. I hereby certify that I attended the deceased from 8-9-, 1951, to 8-29-, 1951, that I last saw the deceased alive on 8-29-, 1951 and that death occurred at 5:40p m., from the causes and on the date stated above.

|   |  |                             |  |   |  |   |  |
|---|--|-----------------------------|--|---|--|---|--|
| 23a. SIGNATURE<br><i>W. H. Phillips</i>   |  | (Degree or title)           |  | 23b. ADDRESS<br><b>M. D. 2601 N. Whittier</b>                 |  | 23c. DATE SIGNED<br><b>9-5-51</b>             |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) |  | 24b. DATE<br><b>9-30-51</b> |  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Anatomical Board</b> |  | 24d. LOCATION (City, town, or county) (State) |  |

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| DATE REC'D BY LOCAL REG.<br><b>SEP 12 1951</b> |  | REGISTRAR'S SIGNATURE<br><i>J. Carl Smith</i> |  | 25. FUNERAL HOME OR MORTUARY SERVICE ADDRESS<br><b>Rowland Mortuary Service<br/>4104 Manchester Ave.</b> |  |
|--|--|---|--|--|--|

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

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**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.....

Licensed Embalmer No. ....

P. O. Address.....

**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.