

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

17693

State File No. ....

FILED MAY 19 1952

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 4453

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Missouri Baptist Hosp.</i>		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>5446 Plover Ave 2079</i>	
d. STREET ADDRESS (If rural, give location) <i>7 St. Louis, Mo.</i>		e. STREET ADDRESS (If rural, give location) <i>0</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>Mabel</i> b. (Middle) <i>M</i> c. (Last) <i>Allen</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>May 2 1952</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>April 24 1906</i>
9. AGE (In years) (last birthday) <i>46</i>		10. UNDER 1 YEAR (Months) (Days)	11. UNDER 24 HRS. (Hours) (Min.)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Dress Operator</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Paul Sachs Cigars</i>	
11. BIRTHPLACE (City, town, or village) (County) (State) <i>Bethleville Illinois</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>William Hager</i>		13b. MOTHER'S MAIDEN NAME <i>Hanna</i>	
14. NAME OF HUSBAND OR WIFE <i>Claude Allen</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>	
16. SOCIAL SECURITY NO. <i>498-09-2533</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Claude Allen 5446 Plover</i>	
18. CAUSE OF DEATH			
Enter only one cause per line for (a), (b), and (c)			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinomatous</i>		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			
DUE TO (b) <i>Carcinoma of L. Breast</i>			
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 <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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <i>170X</i>			
22. I hereby certify that I attended the deceased from _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>12:43 P.M.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>James B. Meadows M.D.</i> (Degree or title)		23b. ADDRESS <i>47 Central</i>	
23c. DATE SIGNED <i>5-3-52</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>May 5 1952</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Cochran Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Narviell, Missouri</i>	
DATE REC'D BY LOCAL REG. <i>MAY 3 1952</i>		REGISTRAR'S SIGNATURE <i>Paul Smith M.D.</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Central Funeral Home</i>		ADDRESS <i>5041 Riverview A.</i>	

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 Me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed E. J. Penelias

Licensed Embalmer No. 4283

P. O. Address St. Louis, 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.