

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36130**
Registrar's No. **9198**

BIRTH NO. 71222 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY			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) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		<u>2069</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Incarnate Word Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>6 2740a Arlington</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM ROYAL ALLEN</u> b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>10-2-52</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>9-30-52</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months <u>1</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Billy Junior Allen</u>		13b. MOTHER'S MAIDEN NAME <u>Betty Jean Reeve</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mother-Mrs. B. J. Allen same</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Central Respiratory Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Prematurity 7 mos.</u> DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>36 hrs.</u>
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? <u>7735</u>		
22. I hereby certify that I attended the deceased from <u>30 Sept, 1952</u> to <u>2 Oct, 1952</u> that I last saw the deceased alive on <u>2 Oct, 1952</u> and that death occurred at <u>9:45 a. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>H. D. Workman M.D.</u>			23b. ADDRESS <u>1657 So Grand</u>		23c. DATE SIGNED <u>2 Oct 52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10/3/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cedar Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Salem Mo</u>	
DATE REC'D BY LOCAL REG. <u>OCT 4 1952</u>	REGISTRAR'S SIGNATURE <u>Paul Smith M.D.</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Carl H. Spencer</u>		ADDRESS <u>Salem Mo</u>

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Meville D. Frodewitter

Licensed Embalmer No. 3696

P. O. Address 7027 Sharvois

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.