

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

DEC 12 1952

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State File No. 39925  
Registrar's No. 10835

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|---|--|--|--|--|--|--|--|
| BIRTH NO. _____   |  | REG. DIST. NO. _____   |  | PRIMARY REG. DIST. NO. _____   |  | State File No. 39925   |  |
| Registrar's No. 10835   |  |  |  |  |  |  |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____  |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE Missouri b. COUNTY _____ |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri  |  | c. LENGTH OF STAY (In this place) _____  |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis                                     |  | 2119   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital   |  |  |  | d. STREET ADDRESS (If rural, give location) 3637 Cass avenue   |  |  |  |
| 3. NAME OF DECEASED (Type or Print) MARGARET  |  | a. (First)   |  | b. (Middle) ALLEN  |  | c. (Last)  |  |
| 4. DATE OF DEATH NOVEMBER 24, 1952  |  | 5. SEX female  |  | 6. COLOR OR RACE white   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single                    |  |
| 8. DATE OF BIRTH Aug 18, 1870   |  | 9. AGE (In years last birthday) 82   |  | 10. KIND OF BUSINESS OR INDUSTRY at home   |  | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.                |  |
| 12. CITIZEN OF WHAT COUNTRY? USA  |  | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework  |  | 13a. FATHER'S NAME John Allen  |  | 13b. MOTHER'S MAIDEN NAME Katherine Kinealy                                      |  |
| 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 ADDRESS Jos. Quinn, 1389 N. Union              |  |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Carcinomatosis<br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) Carcinoma of the Breast<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. Atherosclerotic Heart Disease |  |  |  | INTERVAL BETWEEN ONSET AND DEATH 20 years  |  |
| 19a. DATE OF OPERATION _____  |  | 19b. MAJOR FINDINGS OF OPERATION _____   |  |  |  | 20. AUTOPSY? YES <input checked="" 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? 17.0X   |  |  |  |  |  |
| 22. I hereby certify that I attended the deceased from 2-26-52, 19, to 11-24-52, 19, that I last saw the deceased alive on 11-24-52, 19, and that death occurred at 11:55Pm., from the causes and on the date stated above. |  |  |  |  |  |  |  |
| 23a. SIGNATURE (Degree or title) _____  |  |  |  | 23b. ADDRESS 1515 Lafayette Avenue   |  | 23c. DATE SIGNED 11-25-52  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial  |  | 24b. DATE 11-26-52   |  | 24c. NAME OF CEMETERY OR CREMATORY Calvary   |  | 24d. LOCATION (City, town, or county) (State) St. Louis, Mo.                     |  |
| DATE REC'D BY LOCAL REG. NOV 25 1952  |  | REGISTRAR'S SIGNATURE J. Earl Smith, M.D.  |  | 25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS Jos. Quinn, 1389 North Union   |  |  |  |

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

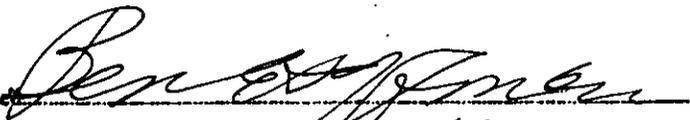
**STATEMENT BY LICENSED EMBALMER**

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

Signature 

Licensed Embalmer No. 4366

P. O. Address St Louis

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.