THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

41001

State File No.

FILED DEC 12 1952

BIRTH NO. REG. DIST. NO. 367 PRIMARY REG. DIST. NO. 547 Registrar's No. 3106

1. PLACE OF DEATH

a. COUNTY: St. Louis

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richmond Heights

c. LENGTH OF STAY (In this place): 3 weeks

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Mary's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Missouri

b. COUNTY:

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gideon 0720

d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)

a. (First): Linda

b. (Middle): Sue

c. (Last): Allen

4. DATE OF DEATH (Month) (Day) (Year): 11-26-52

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single

8. DATE OF BIRTH: 10-24-52

9. AGE (In years last birthday): If under 1 year: Months 1, Days 2; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): child

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (City and State or Foreign Country): Poplar Bluff, Mo.

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: M. T. Allen

13b. MOTHER'S MAIDEN NAME: Jennie Montgomery

14. NAME OF HUSBAND OR WIFE: single

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: James Allen, Gideon, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) H-T disease, congenital incompletely diagnosed

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c) heart failure

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

7544

20. AUTOPSY? YES ☐ NO ☑

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-24, 1952, *to* 11-26, 1952, *that I last saw the deceased alive on* 11-26, 1952 *and that death occurred at* 5 30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: P. Brennan (Degree or title): MD

23b. ADDRESS: 3284 Ivanhoe avenue

23c. DATE SIGNED: 12-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify): removal

24b. DATE: 11-28-52

24c. NAME OF CEMETERY OR CREMATORY:

24d. LOCATION (City, town, or county) (State): Gideon, Mo.

DATE REC'D BY LOCAL REG.: 12-4-52

REGISTRAR'S SIGNATURE: Herbert R. Domke M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Russell F.H., Gideon, Mo.

(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 M W. Ruetter

Licensed Embalmer No. 4865

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.