

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED: OCT 9 1953

State File No. **32816**
Registrar's No. **8570**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY St Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St Louis	
b. CITY (If outside corporate limits, write RURAL and give township) St Louis		c. CITY (If outside corporate limits, write RURAL and give township) 48 OR TOWN Richmont Heights, Mo	
c. LENGTH OF STAY (In this place) 2 WEEK		d. STREET ADDRESS (If rural, give location) 7406 Bruno Ave 4481	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Pacific Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Leo b. (Middle) Milton c. (Last) Allbaugh			4. DATE OF DEATH (Month) (Day) (Year) Sep. 2 1953		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Sep 15 - 1893		9. AGE (In years last birthday) 59		10. UNDER 18. Hours Min. 11 22	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Locomotive Eng'r.		10b. KIND OF BUSINESS OR INDUSTRY Rail Road		11. BIRTHPLACE (State or foreign country) COLUMBUS NEBRASKA	
12. CITIZEN OF WHAT COUNTRY? U.S.-A.		13a. FATHER'S NAME WILLIAM ALLBAUGH		13b. MOTHER'S MAIDEN NAME UNKNOWN	
14. NAME OF HUSBAND OR WIFE Helen		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WORLD WAR I		16. SOCIAL SECURITY NO. 702-12-6695	

17. INFORMANT'S SIGNATURE OR NAME HELEN ALLBAUGH		ADDRESS 7406 BRUNO AVE	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Melanocarcinoma		INTERVAL BETWEEN ONSET AND DEATH 2 1/2	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. Hypertensive Heart Disease			

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? 190X	
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22. I hereby certify that I attended the deceased from 1951, to 9-1-1953, that I last saw the deceased alive on 9-1-1953, and that death occurred at 8:30 AM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) St. J. Emmington M.D.		23b. ADDRESS 607 N. Grand		23c. DATE SIGNED 9-2-53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE SEPT. 4 1953		24c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY	
24d. LOCATION (City, town, or county) (State) ST. LOUIS MO.		24e. NAME OF LOCAL REG. REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		24f. FUNERAL DIRECTOR'S SIGNATURE G. H. Backlage	

DATE REC'D BY LOCAL REG. SEP 3 1953		25. FUNERAL DIRECTOR'S ADDRESS 6536 Clayton St.	
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WRITE PLAINLY—USING UNFADING BLACK INK—HEAVY

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *J. W. Bentley*
Licensed Embalmer No. *3653*

P. O. Address *St. Louis, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.