THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34406

FILED OCT 2 - 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 2432

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clayton
c. LENGTH OF STAY (in this place): D. O. A.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Louis County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirkwood 4713
d. STREET ADDRESS (If rural, give location): 199 Couch Ave,

3. NAME OF DECEASED (Type or Print)
a. (First): Elmer
b. (Middle): Jackson
c. (Last): Allen

4. DATE OF DEATH (Month) (Day) (Year): Sept 12 1953

5. SEX: Male 0

6. COLOR OR RACE: White

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

8. DATE OF BIRTH: June 2 1877

9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months 3 Days 10 — IF UNDER 24 HRS.: Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY: Clothing

11. BIRTHPLACE (State or foreign country): Dadeville Mo. 0

12. CITIZEN OF WHAT COUNTRY?: America

13a. FATHER'S NAME: Hambleton Allen

13b. MOTHER'S MAIDEN NAME: Elmyra Pyle

14. NAME OF HUSBAND OR WIFE: Ellen Allen

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.: 494-09-1047

17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Ellen Allen 199 Couch Ave,

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): Disease of Coronary Arteries — INTERVAL BETWEEN ONSET AND DEATH: 1 yr +

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

DUE TO (b): Arterio sclerosis — 1 yr +

DUE TO (c): Senility — 1 yr +

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

4201

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* Jan. *, 19*36*, to* 9/12 *, 19*53*, that I last saw the deceased alive on* 9/11 *, 19*53*, and that death occurred at* 10:07 A.m.*, from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Herbert P. Smith 0 MD

23b. ADDRESS: 5203 Cliffwood N

23c. DATE SIGNED: 9/13/53

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

24b. DATE: 9-14-53

24c. NAME OF CEMETERY OR CREMATORY: Valhalla Crematory

24d. LOCATION (City, town, or county) (State): St. Louis County Mo.

DATE REC'D BY LOCAL REG.: 9/14/53

REGISTRAR'S SIGNATURE: Herbert K. Somke, MD

25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Meyer-Pfitzinger Kirkwood 22 Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 William H. Fitzgerald

Licensed Embalmer No. 2316

P. O. Address Richmond

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

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