

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13070**  
Registrar's No. **3797**

FILED MAY 13 1955

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>3797</b>		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____				
b. CITY OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <b>St. Louis</b>		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3937 Page</b>				e. STREET ADDRESS (If rural, give location) <b>3937 Page</b> <b>21170</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Carrie Estella</b> b. (Middle) <b>Allen</b> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <b>April 26, 1955</b>					
5. SEX <b>F</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Nov. 9, 1909</b>		
9. AGE (In years last birthday) <b>45</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (City and State or foreign Country) <b>Cosco, Miss.</b>		
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S M maiden NAME <b>Mary Jane Harvey</b>		14. NAME OF HUSBAND OR WIFE <b>Harvey Allen</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Mary Nell Gordon</b> ADDRESS <b>3927 Page</b>				
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Urteral Insufficiency</b>  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.					INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2 yrs</b>	
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) <b>Mo</b>				
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? <b>410X</b>				
22. I hereby certify that I attempted the deceased from <b>10<sup>th</sup> Oct, 1954</b> to <b>26<sup>th</sup> Apr, 1955</b> , that I last saw the deceased alive on <b>26<sup>th</sup> Apr, 1955</b> , and that death occurred at <b>5:00 p.m.</b> , from the causes and on the date stated above.								
23a. SIGNATURE <b>Wm Seaton</b> (Degree or title) _____				23b. ADDRESS <b>8097 Jefferson</b>		23c. DATE SIGNED <b>28 April</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <b>5-3-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Greenwood Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>APR 29 1955</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>		EMERALD DIRECTOR'S SIGNATURE <b>E. P. Fosse</b>		ADDRESS <b>127 Grand</b>		

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

STUDENT

**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.....  
Signature of Student Embalmer

Signed... *Melvin Blackburn* .....

Licensed Embalmer No. *3962*

P. O. Address *1221 N. W.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.