

FILED OCT 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30539**
Registrar's No. **8629**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 30539		Registrar's No. 8629					
1. PLACE OF DEATH a. COUNTY <u>St. Louis,</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>St. Clair</u>									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Centreville</u>									
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>People's Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>4420 Russell Ave.</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>			b. (Middle)			c. (Last) <u>Allen</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10 1 55</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Sept 21, 1884</u>		9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR: Months _____ Days _____		IF UNDER 12 HRS: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Old Age Pension</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) / <u>Charleston, Miss.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>			
13a. FATHER'S NAME <u>Rufe Allen</u>				13b. MOTHER'S MAIDEN NAME ***** <u>Unknown</u>				14. NAME OF HUSBAND OR WIFE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Libena Allen</u>				ADDRESS <u>3345 D. Almond</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))													
MEDICAL CERTIFICATION													
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY OCCLUSION</u>										INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>			
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic HT disease</u>										3 yr 1st			
DUE TO (c) _____													
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral Thrombosis</u>													
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION. <u>420.0</u>				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)							
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?							
22. I hereby certify that I attended the deceased from <u>9-27-1955</u> , to <u>10-1-1955</u> , that I last saw the deceased alive on <u>10-1-1955</u> , and that death occurred at <u>4:00</u> p.m., from the causes and on the date stated above.													
23a. SIGNATURE <u>Robert J. M.D.</u> (Degree or title)						23b. ADDRESS <u>603 So. 42nd</u>			23c. DATE SIGNED <u>10-5-58</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>10-5-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Booker Washington Cemetery</u>			24d. LOCATION (City, town, or county) (State) <u>E. St. Louis, Illinois</u>						
DATE REC'D BY LOCAL REG. <u>OCT 3 1955</u>		REGISTRAR'S SIGNATURE <u>Carl Smith</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Hurst Funeral Home</u> ADDRESS <u>E. St. Louis, Illinois</u>							

(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

William R. Williams

Licensed Embalmer No. *4926*

4554 Lexington
P. O. Address _____

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.