

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28059**
6816

FILED AUG 24 1956

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (in this place)
St. Louis
c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **Homer G. Phillips**
e. STREET ADDRESS (If rural, give location) **2928 A Pine** **2219**

3. NAME OF DECEASED a. (First) **Charles** b. (Middle) **Allen** c. (Last) **Allen** 4. DATE OF DEATH (Month) (Day) (Year) **7 18 56**

5. SEX **Male** 6. COLOR OR RACE **Negro** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **married** 8. DATE OF BIRTH **8-15-1884** 9. AGE (In years last birthday) **71** if UNDER 1 YEAR Months Days if UNDER 24 HRS. Hours Mts.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Porter** 10b. KIND OF BUSINESS OR INDUSTRY **Steamer Admiral** 11. BIRTHPLACE (City and State or Foreign Country) **Shreveport, La.** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **unknown** 13b. MOTHER'S MAIDEN NAME **Clara** 14. NAME OF HUSBAND OR WIFE **Alice Allen**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **no** 16. SOCIAL SECURITY NO. **437-10-1994** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Alice Allen 2928a Pine Street**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Carcinoma of the Head of Pancreas** INTERVAL BETWEEN ONSET AND DEATH **Undet.**
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.
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.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION **157x** 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) _____ 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 **7-16**, 1956, to **7-18**, 1956, that I last saw the deceased alive on **7-18**, 1956, and that death occurred at **9:40a. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Frank D. Richards, M.D.** 23b. ADDRESS **2601N. Whittier** 23c. DATE SIGNED **7-18-56**

24a. BURIAL, CREMATION, REMOVAL (Specify) **removal** 24b. DATE **7/23/56** 24c. NAME OF CEMETERY OR CREMATORY **Washington Park** 24d. LOCATION (City, town, or county) (State) **St. Louis County, Mo.**

DATE REC'D BY LOCAL REG. **JUL 21 1956** REGISTRAR'S SIGNATURE **Carl Smith MD** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Russell Und., Co. 2732 Pine St.**

(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.....
Signature of Student Embalmer

Signed..... *James G. Cort*
Licensed Embalmer No. *46*

P. O. Address..... *PT-2*

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.