

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 15 1957

S. No. 300
V. 10.48

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3049**

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) OR TOWN Saint Louis		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 4416 Kossuth Avenue, 15, 2101			
e. STREET ADDRESS (If rural, give location) 4416 Kossuth Avenue, 15,			

3. NAME OF DECEASED (Type or Print) a. (First) EARL b. (Middle) FRANK c. (Last) ALIEN		4. DATE OF DEATH (Month) (Day) (Year) March 28th, 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, 3 WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH July 9th, 1914
9. AGE (In years) (last birthday) 42		10. IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Construction Worker		10b. KIND OF BUSINESS OR INDUSTRY Construction	11. BIRTHPLACE (City and State or Foreign Country) Carlyle, Illinois
12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME Ben Allen		13b. MOTHER'S MAIDEN NAME Mary Ann Haag		14. NAME OF HUSBAND OR WIFE Fannie Allen nee Bommarito	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War # 2		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Fannie Allen, 4466 Bessie Avenue, 15	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Congestion, ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carbon Monoxide Poisoning DUE TO (c) following inhalation of		INTERVAL BETWEEN ONSET AND DEATH	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. injuries by basement of house, at 4416 Kossuth			

19a. DATE OF OPERATION 1957		19b. MAJOR FINDINGS OF OPERATION see, on March 28th		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) Mar 28 57 ? m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? E845.0 15	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **1000** m., from the causes and on the date stated above.

23a. SIGNATURE Patrick P. Taylor Coroner		(Degree or title) 3		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 3-29-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/1/57		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	

DATE REC'D BY LOCAL REG. MAR 29 57		REGISTRAR'S SIGNATURE Clay Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE CALVIN F. FEUTZ, 4828 Natural Bridge Blvd., FUNERAL HOME, INC., St. Louis, 15, Mo.		ADDRESS	
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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 *Ralph C. Zindler*.....

Licensed Embalmer No. *4275*.....

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

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.