

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUN 26 1957

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STATE OF MISSOURI  
1003 5608

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5608

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE		b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN At Louis, Mo		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY 207 St Louis, Mo.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 01 2310 Cass		Length of stay in 1b		d. STREET ADDRESS (If outside, give location) 2310 Cass Ave	
3. NAME OF DECEASED (Type or print) First Middle Last Laurence Allen			4. DATE OF DEATH Month Day Year 6-12-57		
5. SEX Male	2	6. COLOR OR RACE Colored	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar 4th 1890	9. AGE (In years last birthday) 67-0-0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Liberty Miss.	
13. FATHER'S NAME Not Known			14. MOTHER'S MAIDEN NAME Patsy Allen		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. 10-23-1875-9-17		17. INFORMANT Address Eva Allen 2310 Cass Ave	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Ruptured Heart</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <i>420.1</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour Month Day Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>James M. Kelly, Deputy</i>			22b. ADDRESS 1300 Clark		22c. DATE SIGNED 6-17-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 6-19-57		23c. NAME OF CEMETERY OR CREMATORY National Cemetery	
				23d. LOCATION (City, town, or county) (State) St Louis, Mo.	
24. FUNERAL DIRECTOR ADDRESS A. L. Beal Und Co. 4303 Delmar			25. DATE RECD. BY LOCAL REG. JUN 17 57		26. REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D.</i>

(Licensed Embalmer's Statement on Reverse Side)

Death, funeral, etc., must be only stated. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

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 *Daniel Kirghes*

Licensed Embalmer No. 4

P. O. Address 4149 A

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.