URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS SEP 22 1959

59-033507

STATE FILE NUMBER 2 8416

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

MENDED

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY ~~St.Louis~~

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St.Louis — Length of stay in 1b 3 days

c. CITY OR TOWN St.Louis — Inside Limits Yes ☒ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St.Johns Hospital — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 1726 North Euclid Ave. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First George Middle A Last Allen

4. DATE OF DEATH Month September Day 11th. Year 1959

5. SEX M

6. COLOR OR RACE W

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 10-18-1885

9. AGE (last birthday) 73 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter- retired

10b. KIND OF BUSINESS OR INDUSTRY Painter

11. BIRTHPLACE (City and state or country) St.Louis Missouri

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME George F. Allen

13b. MOTHER'S MAIDEN NAME Rosellie Cobb

14. NAME OF HUSBAND OR WIFE Gertrude Ryan Allen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) W.W. 1

16. SOCIAL SECURITY NO. 492-12-7841 A

17. INFORMANT Gertrude Allen — Address 1726 N.Euclid 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) Broncho pneumonia — INTERVAL BETWEEN ONSET AND DEATH 2 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Chr advanced emphysema — 15 years

DUE TO (c) Genz d arterio sclerosis advanced — years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arterio sclerotic heart disease

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) — 527.1

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 10/9/52, to 9/11/59 and last saw him alive on 9/10/59
Death occurred at 2.45 am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] — 22b. ADDRESS 226 S Meramec — 22c. DATE SIGNED 9/11/59

23a. BURIAL, CREMATION, REMOVAL (Specify) burial

23b. DATE 9-14-1959

23c. NAME OF CEMETERY OR CREMATORY National Cemetery

23d. LOCATION (City, town, or county) St.Louis (State) Missouri

24. FUNERAL DIRECTOR [signature] — ADDRESS 3840 Lindell Blvd.

25. DATE RECD. BY LOCAL REG. SEP 1 2 '59

26. REGISTRAR'S SIGNATURE Earl Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

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 Francis Willia

Licensed Embalmer No. 3565

P. O. Address 3840 Li

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