

**FEDERAL BUREAU OF INVESTIGATION
FBI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

-60-004305

FILED VS FEB 1 1960

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 228

ENDED

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton 5,		Length of stay in 1b 40 Yrs.	c. CITY OR TOWN Clayton 5,
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Res. 8011 Orlando Dr.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 8011 Orlando Dr.
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) MR. WALTER ROLAND ALLEN			4. DATE OF DEATH Month January Day 21, Year 1960	
5. SEX M.	6. COLOR OR RACE W.	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/9/1887	9. AGE (last birthday) 73
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrical Engineer		10b. KIND OF BUSINESS OR INDUSTRY General Electric	11. BIRTHPLACE (City and state or country) Cleveland, Indiana	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME James King Allen		13b. MOTHER'S MAIDEN NAME Mary Ross		14. NAME OF HUSBAND OR WIFE Ruth Case Allen
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 494-10-5388	17. INFORMANT Address Miss Ruth Case Allen 8011 Orlando Dr	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH 6 hrs
IMMEDIATE CAUSE (a) Coronary artery occlusion			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Coronary artery occlusion		
DUE TO (c) Generalized arteriosclerosis			year
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 _____ 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 11/14/51 to 1/21/60 and last saw him alive on 1/26/60
Death occurred at approx 2:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>John H. Dean M.D.</i>		22b. ADDRESS 35 N. Central Ave. (5)	22c. DATE SIGNED 1/21/1960
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1/23/1960	23c. NAME OF CEMETERY OR CREMATORY Lake Charles Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
24. FUNERAL DIRECTOR Alexander & Sons 6175 Delmar Blvd.		25. DATE RECD. BY LOCAL REG. 1-23-60	26. REGISTRAR'S SIGNATURE <i>John C. Murphy M.D.</i>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Dr. Sim F. Beam
35 N. Central Ave.
PA. 6 0683

05. 01 1960

APR 20 1960

STATEMENT BY LICENSED EMBALMER

APR 6 1960

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James E. McCulloch

Licensed Embalmer No. 2460

P. O. Address 6173 26

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.