

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-012410

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **3628**

FILED APR 12 1962

VS 300
Rev. 4/59

1
2
3
4 0
5 3
6
7 1
8 1
9
10
11
12 68-0
13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

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, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Baptist Hospital		d. STREET ADDRESS (If outside, give location) 904 N. Kingshighway	
3. NAME OF DECEASED (Type or print) First Middle Last ALLEN C. ALFORD		4. DATE OF DEATH Month Day Year 4 4 62	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/14/02
9. AGE (last birthday) 60		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant Self-employed		10b. KIND OF BUSINESS OR INDUSTRY Food Store	11. BIRTHPLACE (City and state or country) Cleveland, Ohio
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Kinchen Alford	
13b. MOTHER'S MAIDEN NAME Bertha Tucker		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. None		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Bertha Alford 4419 Holly		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ruptured Left Common Iliac Artery			INTERVAL BETWEEN ONSET AND DEATH ABOUT 24 hrs
DUE TO (b) Aneurysm			
DUE TO (c) 452x			
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 checked="" type="checkbox"/> NO <input 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.	Month, Day, Year		
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 4/3/62 to 4/4/62 and last saw ^{her} him alive on 4/4/62		Death occurred at 12:30 P.M. 4/4/62 m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>George F. Bendleman</i> George F. Bendleman, M.D.		22b. ADDRESS 812 Olive Street St. Louis 1, Mo	22c. DATE SIGNED 4/5/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 4/7/62	23c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis County Missouri
24. FUNERAL DIRECTOR Calvin F. Feutz Fr'1. Home	ADDRESS 4828 Nat'l. Bridge	25. DATE RECD. BY LOCAL REG. APR 5 1962	26. REGISTRAR'S SIGNATURE <i>Loan Smith, M.D.</i>

OK Helen & Taylor
Dorner
4-9-62

BY AFFIDAVIT OF

Dr. Leo F. Kenclemann
812 Olive
Ch 1 - 9261
12:30 - 4:30 daily
except Sat.
11:00 - 1:00 Sat.

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 *John A. Mlinar*

Licensed Embalmer No. 4186

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.