MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-025377
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 531 Registrar's No. 1888

FILED JUL 2 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

14006
24006

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
2			
3			
4	0		
5	1		
6			
7	1		
8	2.		
9	4200		
10			
11			
12	90-0		
13			

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN University City
Length of stay in 1b YRS.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 7325 Colgate
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN University City
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 7325 Colgate
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First A. Middle ROY Last ALLISON

4. DATE OF DEATH Month June Day 24th Year 1962

5. SEX male

6. COLOR OR RACE white

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 4/16/1884

9. AGE (last birthday) 78

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) retired - pres.

10b. KIND OF BUSINESS OR INDUSTRY Extermenating

11. BIRTHPLACE (City and state or country) Chicago, Ill

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

13a. FATHER'S NAME William Allison

13b. MOTHER'S MAIDEN NAME Lucy Widdicomb

14. NAME OF HUSBAND OR WIFE Loretta M. Allison

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

16. SOCIAL SECURITY NO. yes

17. INFORMANT Loretta M. Allison Address 7325 Colgate

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis — years
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Chronic Brain Syndrome; Cerebral Arteriosclerosis; Hypertension; Pneumo. Bulbar Palsy

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.)

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 3-19-49 to 6-24-62 and last saw her alive on 6/22/62
Death occurred at 8:15 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Joseph V. O'Donnell (Degree or title) M.D.

22b. ADDRESS 539 N. Grand St. Louis 3, Mo.

22c. DATE SIGNED 6/25/62

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

23b. DATE 6/26/62

23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

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

24. FUNERAL DIRECTOR Lupton Chapel ADDRESS 7233 Delmar Blvd

25. DATE RECD. BY LOCAL REG. 6-25-62

26. REGISTRAR'S SIGNATURE John G. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

County Allison

Dr. J.V.O'Donnell
Humbolt Bldg
Grand and Washington 2:30 P.M.

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 Arnold W. Schoene

Licensed Embalmer No. 3864

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.