MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-043893
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11375

FILED NOV 30 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

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

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY
c. CITY OR TOWN: St.Louis — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 5025 Tennesse — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First William Middle E. Last Allen

4. DATE OF DEATH: Month Nov. Day 25 Year 1962

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 7-6-1896
9. AGE (last birthday): 66 — 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): Civil Engineer
10b. KIND OF BUSINESS OR INDUSTRY: St.Louis City
11. BIRTHPLACE (City and state or country): St.Louis
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Alonzo Allen
13b. MOTHER'S MAIDEN NAME: Jennie Dunnigan
14. NAME OF HUSBAND OR WIFE: Anna

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of servi: WW 1
16. SOCIAL SECURITY NO.
17. INFORMANT: Anna Allen — Address: 5025 Tennessee

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Pulmonary Edema	1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Arteriosclerotic Heart Disease	5 years
DUE TO (c)	Diabetes Mellitus	5 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 260X

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

MEDICAL CERTIFICATION

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 11/1/58, to 11/25/62 and last saw ~~her~~ him alive on 11/25/62
Death occurred at 7 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Walter J. Sumbel
22b. ADDRESS: 4617 Wahlen Ave
22c. DATE SIGNED: 11/27/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 11-28-62
23c. NAME OF CEMETERY OR CREMATORY: Resurrection
23d. LOCATION (City, town, or county) (State): St.Louis Co. Mo.

24. FUNERAL DIRECTOR — ADDRESS: Jos.P.Fendler Jr. 7128 Michigan
25. DATE RECD. BY LOCAL REG.: NOV 27 1962
26. REGISTRAR'S SIGNATURE: Hoard Smith, M.D.

By Walter Lemm

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 V E Morris

Licensed Embalmer No. 3360

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.