

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-036710

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 159

Primary Registration District No. 4249

Registrar's No. 36

STATE FILE NUMBER

FILED OCT 10 1963

1. PLACE OF DEATH

a. COUNTY

Jefferson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Hillsboro

Length of stay in 1b
2 Years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Ceder Grove Nursing Home

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 St. Ann

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

10323 St. Joan La,

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First Middle Last
Charles P. Allen

4. DATE OF DEATH Oct. 5, 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

10/29/1892

9. AGE (last birthday)

70

10. IF UNDER 1 YEAR IF UNDER 24 H

Months Days Hours Min.

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

Railroad

10b. KIND OF BUSINESS OR INDUSTRY

Car Helper

11. BIRTHPLACE (City and state or country)

Nebraska

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Edward Allen

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

The Late Margaret Allen

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

Yes W.W. I

16. SOCIAL SECURITY NO.

Unknown

17. INFORMANT

Marguerite Kuntzman 10323 St. Joan

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)

Bronchial Pneumonia

INTERVAL BETWEEN ONSET AND DEATH

5 days

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

DUE TO (b)

DUE TO (c)

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

Arteriosclerotic 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.)

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 July 24, 1959 to Oct. 5, 1963 and last saw him alive on Oct. 4, 1963

Death occurred at 12:30 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Robert J. Sanders, M.D.

22b. ADDRESS

5500 S. Broadway

22c. DATE SIGNED

10-5-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

10/8/1963

23c. NAME OF CEMETERY OR CREMATORY

National Cemetery

23d. LOCATION (City, town, or county)

Jefferson Barracks Mo.

24. FUNERAL DIRECTOR

ADDRESS

Collier Mortuary, St. Ann, Mo.

25. DATE RECD. BY LOCAL REG.

10/7/63

26. REGISTRAR'S SIGNATURE

Carl E. [Signature]

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 0500

2 4014

3 2

4 0

5 2

6

7 1

8 2

9 491X

10

11

12 86-0

13

OCT 11 1963

Burial Permit #48 issued 10/7/63

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

Sheldon Collin

Licensed Embalmer No.

3382

P. O. Address

St. Ann M. O.

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.