

REC'D MAY 10 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

12954

Do not use this space.

1. PLACE OF DEATH **Homer G Phillips Hospital**
- (a) County..... Registration District No. **791**
- (b) Township..... Primary Registration District No. **1003**
- (c) City **St. Louis** (d) Street No. **2601 N Whittier** Registered No. **3558**
- (e) Length of residence in city or town where death occurred **20** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME **Homer Allen** **450**
- (a) Residence, No. **2114 Biddle** St. **211** (If nonresident, give city or town and State)
- (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **M**
4. COLOR OR RACE **C**
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**
- 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **- - -**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 9, 1903**
7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
- 35 3 2**

- OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. **nil**
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Tennessee**

- FATHER
13. NAME **Richard Allen**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Tennessee**

- MOTHER
15. MAIDEN NAME **Carrie Buckner**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Tennessee**

17. INFORMANT **Evelyn Hilliard** (ADDRESS) **2601 N Whittier**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Father Dickson** DATE **4-18**, 19**38**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **W. Richardson** **2601 N Whittier**

20. FILED **APR 16 1938** **J. T. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 11**, 19**38**

22. I HEREBY CERTIFY, That I attended deceased from **April 3**, 19**38**, to **April 11**, 19**38**

I last saw him alive on **April 11**, 19**38**. Death is said

to have occurred on the date stated above, at **6:10am**.

The principal cause of death and related causes of importance were as follows:

Uremia, chronic nephritis Date of onset **4/3/38**

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? **clinical** Was there an autopsy? **NO**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) **W. L. Lewis**, M. D.

(Address) **2601 N Whittier**

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 MLC

Registered Apprentice No., working under my personal supervision.

Signed A. D. Richards

Licensed Embalmer No. 2928

P. O. Address

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 this body is not embalmed, above space should be left blank.