

NOV DEC 12 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

37521  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... 2 Registration District No. **791**  
(b) Township ..... Primary Registration District No. **1003**  
(c) City **St. Louis, Mo.** (d) Street No. **5812 Waterman Ave.** Registered No. **9848**  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME

**425** **Lucy W. Allison.**  
(a) Residence, No. **5812 Waterman Ave.** St. **5** (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 **Female.** 4. COLOR OR RACE **White.** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed.**  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **William D. Allison.**  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 18th, 1957.**  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
**81. 3. 26.**

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. **At Home.**  
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) **Devonshire, England. 4**

FATHER 13. NAME **John Widdicombe.**  
14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) **England. 4**

MOTHER 15. MAIDEN NAME **Ann Hextor.**  
16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) **England. 4**

17. INFORMANT **J. V. Allison.**  
(ADDRESS) **5812 Waterman Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Valhalla Crematory** DATE **Nov, 16th, 1938**

19. FUNERAL DIRECTOR (NAME) **C. R. Lupton & Sons.**  
(ADDRESS) **# 7255 Delmar Bl'vd.**

20. FILED **NOV 14 1938**  
**J. F. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 13 1938**  
22. I HEREBY CERTIFY, That I attended deceased from **Nov 7 1938** to **Nov 13 1938**.  
I last saw her alive on **Nov 13 1938**. Death is said to have occurred on the date stated above, at **6:30 p.m.**  
The principal cause of death and related causes of importance were as follows:

**Sc'd. Unknown -**  
**Several years**  
**Immediate Cause**  
**Endocarditis, (caused by**  
**Myo Carditis, chronic**  
**acute - 7 days.**  
Other contributory causes of importance:  
**Senility.**

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

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? **No**  
If so, specify **Dr. J. W. Phangland** M. D.  
(Signed) **Dr. J. W. Phangland**  
(Address) **5802 Waterman Bl'vd.**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

H. J. Skankin  
580 N. Westmoreland  
Rd. 3rd Fl.

**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, .....

*Clarence H. Murray*, or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed *Clarence H. Murray*

Licensed Embalmer No. *4011*

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