

REC'D FEB 10 1939

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

647
Do not use this space.

1. PLACE OF DEATH 3400 Franklin Ave
 (a) County Registration District No. 791
 (b) Township 2 Primary Registration District No. 1003
 (c) City St. Louis (d) Street No. 3400 Franklin St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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.
 425 Dovie Wilson
 2. PRINT FULL NAME
 (a) Residence, No. 3400 Franklin Avenue St. 21
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 4. COLOR OR RACE Col
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 13, 1882
 7. AGE YEARS 56 MONTHS 7 DAYS 7 If LESS than 1 day, hrs. or min.
 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. Housework
 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) Huntington Tenn
 FATHER
 13. NAME Nelson Allen
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Huntington Tenn
 MOTHER
 15. MAIDEN NAME Henrietta Bledsoe
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Huntington Tenn

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-20-1939
 22. I HEREBY CERTIFY, That I attended deceased from 1-19-1939, to 1-20-1939
 I last saw her alive on 1-20-1939. Death is said to have occurred on the date stated above, at 12:40 PM
 The principal cause of death and related causes of importance were as follows:
 Cerebral Hemorrhage
 Thrombus
 Other contributory causes of importance:
 Chron. Myo. Carditis
 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?
 If so, specify
 (Signed) J. D. Walthall M.D., M. D.
 (Address) 1001 N. Jefferson Ave

17. INFORMANT Louis Clay
 (ADDRESS) 3400 Franklin Ave
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Washington Park DATE Jan 22 1939
 19. FUNERAL DIRECTOR Jas. H. Randle & Son
 (ADDRESS) 3133 Bell Ave
 20. FILED JAN 21 1939
 J. D. Brubaker Local Registrar.

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.
Signed _____

Licensed Embalmer No. _____

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.)