

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.

DEC 13 1939

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

4811
Do not use this space.

1. PLACE OF DEATH
 (a) County Registration District No. 791
 (b) Township Primary Registration District No. 1003
 (c) City ST. LOUIS MO. (d) Street No. 5600 Arsenal 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 4 yrs. 0 mos. 23 ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.
 425
 2. PRINT FULL NAME JACKIE E. ALLISON (Jacquelyn)
 (a) Residence, No. 2550 OAKLAND St. NR Maplewood, Mo. (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) _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JANUARY 23 1935
 7. AGE YEARS 4 MONTHS 0 DAYS 23 If LESS than 1 day, _____ hrs. or _____ min.
 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. _____
 10. Date deceased last worked at this occupation (month and year) _____
 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) MISSOURI (STATE OR COUNTRY)
 13. NAME CLARENCE E. ALLISON
 14. BIRTHPLACE (CITY OR TOWN) PHELPS COUNTY Mo. (STATE OR COUNTRY)
 15. MAIDEN NAME EDITH RHEA
 16. BIRTHPLACE (CITY OR TOWN) ROLLA Mo. (STATE OR COUNTRY)
 17. INFORMANT Stella Bradley (ADDRESS) 5600 Arsenal
 18. BURIAL, CREMATION, OR REMOVAL PLACE Cassant Heins DATE 2/17 1939
 19. FUNERAL DIRECTOR (NAME) Chas. A. Bull (ADDRESS) 445 Washington Bl.
 20. FILED FEB 16 1939 J. D. [Signature] Local Registrar

MEDICAL CERTIFICATE OF DEATH

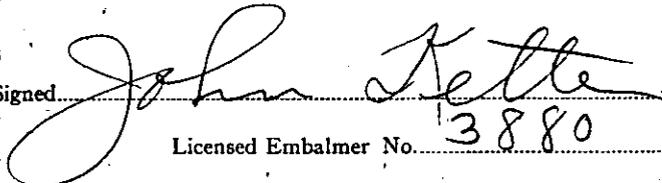
21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEBRUARY 19 1939
 22. I HEREBY CERTIFY, That I attended deceased from 2/12 1939, to 2/14 1939
 I last saw h. alive on 2/14 1939. Death is said to have occurred on the date stated above, at 3:45 P. M.
 The principal cause of death and related causes of importance were as follows:
 Diphtheria
 Laryngeal
 Date of onset _____
 Other contributory causes of importance: None
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes
 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) S. A. [Signature] M. D.
 (Address) _____

(Licensed Embalmer's Statement on Reverse Side)

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.....

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

Signed..... .....
Licensed Embalmer No. 3880

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.