

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Form 6-17-39  
U.S. G.P.O.

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 23254

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1089

1. PLACE OF DEATH: St. Louis  
 (a) County St. Louis  
 (b) City or town Pine Lawn  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
6200 block of Naturalb Bridge Rd.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 (Specify whether  
 In this community 23 years (years, months or days)

3. (a) PRINT FULL NAME Fred O. Allen  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Dixie Allen 6. (c) Age of husband or wife if alive 53 years  
 7. Birth date of deceased January 10, 1882  
 (Month) (Day) (Year)

8. AGE: Years 57 Months 5 Days 8 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Malden Missouri  
 (City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business Rock Island Railroad.

12. Name John Allen

13. Birthplace Pulaski Co. Illinois  
 (City, town, or county) (State or foreign country)

14. Maiden name Anne Martin

15. Birthplace Pulaski Co. Illinois  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Dixie Allen  
 (b) Address 3538 Pine Grove Ave.

17. (a) Burial (b) Date thereof 6/20/39  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery  
 18. (a) Signature of funeral director Shepard Funeral Home  
 (b) Address 1167 Hamilton Avenue

19. (a) JUN 19 1939 (b) J. R. [Signature]  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County St. Louis  
 (c) City or town Pine Lawn  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 3538 Pine Grove Ave.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month June 18, 1939  
 year \_\_\_\_\_ hour 2 minute 05 A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to \_\_\_\_\_  
 Due to 94

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(Specify type of place)  
 While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
 23. Signature John O. Conell (M. D. or other) \_\_\_\_\_  
 Address Coroner of St. Louis County, Mo.

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**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.....

*J. S. Sullivan*

Licensed Embalmer No. 1122

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.**