

DEC 1 1939 791

Registration District No. 1000

Primary Registration District No.

Registrar's No. 9682

## 1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis

(c) Name of hospital or institution: 2120 E. DeSoto Ave  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution None  
(If not in hospital or institution, write street number or location)

In this community Unknown (Specify whether years, months or days)

3. (a) PRINT FULL NAME Oscar Allen H503. (b) If veteran, name war None 3. (c) Social Security No. None4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Lulu Allen nee Cramer 6. (c) Age of husband or wife if alive 66 years7. Birth date of deceased April 22, 1870  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
69 6 19 hr. min.9. Birthplace Indiana  
(City, town, or county) (State or foreign country)10. Usual occupation Retired electrician

11. Industry or business

12. Name Hiram Allen13. Birthplace Indiana  
(City, town, or county) (State or foreign country)14. Maiden name Mary Metzler  
(City, town, or county) (State or foreign country)15. Birthplace Indiana  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs Lulu Allen(b) Address 2120 E. DeSoto Ave.17. (a) Burial (b) Date thereof 11-14-39  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Memorial Park18. (a) Signature of funeral director Math Hermann & Son(b) Address 2161 East Fair Ave19. (a) NOV 13 1939 (b) J. B. [Signature]  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 2120 E. DeSoto Ave.  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 11th  
year 1939 hour 12:20 minute \_\_\_\_\_ M.21. I hereby certify that I attended the deceased from Nov 11  
1939 to same date;  
that I last saw him alive on Nov 11, 1939  
and that death occurred on the date and hour stated above.Immediate cause of death Acute cardiac  
dilatation - Coronary  
thrombosis or occlusion  
Due to End arteritis, hypertension  
and chronic myocarditis  
Due to \_\_\_\_\_Other conditions  
(Include pregnancy within 5 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? ✓

While at work? ✓ (Specify type of place) Means of injury \_\_\_\_\_

23. Signature E. H. Kulker (M. D. or other)  
Address 3121 Grand Date signed \_\_\_\_\_

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 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 *William G. Buchholz*

Licensed Embalmer No. *2110*

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.**