1939 DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 8 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 44713

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 2196

1. PLACE OF DEATH:
(a) County: St Louis. 2
(b) City or town: Welston, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: XXX
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: XXX
In this community: 25 years, (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1
(a) State: Missouri. (b) County: Welston, Mo.
(c) City or town:
(If outside city or town limits, write "RURAL")
(d) Street No.: 6338 Wagner
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 53 yrs, U.S.A. years.

3. (a) PRINT FULL NAME: Forrest Lacy Allgood.
3. (b) If veteran, name war: XXX
3. (c) Social Security No.:
4. Sex: Male
5. Color or race: Colored
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Estella Allgood.
6. (c) Age of husband or wife if alive: 45, years
7. Birth date of deceased: Oct 6th, 1886. (Month) (Day) (Year)
8. AGE: Years 53 Months 2 Days 5 If less than one day hr. min.
9. Birthplace: Oak Ridge, (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Janitor, Maple Ave Church
11. Industry or business: Maple Ave, Church, 0
MOTHER FATHER
12. Name: Mack Allgood, 1
13. Birthplace: Texas. 1 (City, town, or county) (State or foreign country)
14. Maiden name: Dont Know,
15. Birthplace: Texas. (City, town, or county) (State or foreign country)
16. (a) Informant's own signature: X Mack Allgood
(b) Address: 6338 Wagner Ave,
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof: 12-15-34 (Month) (Day) (Year)
(c) Place: burial or cremation: Greenwood Cem.
18. (a) Signature of funeral director: Earl J. Reed
(b) Address: 232, Turtle, St. S. Kinloch, Park, Mo.
19. (a) DEC 14 1939 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 11th, year 1939. hour 7:00. minute 00 P.M.
21. I hereby certify that I attended the deceased from February 21/39, 1939, to Dec. 11, 1939; that I last saw him alive on Dec. 11, 1939 and that death occurred on the date and hour stated above.
Immediate cause of death: Myocarditis chronic.
Due to: 93
Due to:
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: O. H. Freitag (M. D. or other) 1
Address: 6323 Page Blv. Date signed: Dec. 11, 39

(Licensed Embalmer's Statement on Reverse Side)

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

Rev. 5-17-39
1 X19511

AUG 1 - 1949

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

Signed [signature]

Licensed Embalmer No. 2266.

P. O. Address 2812, Thomas, St,

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.