

Registration District No. 784

Primary Registration District No. 200

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town Normandy
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Sullivan Convalescent Home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 year
 In this community 20 year
 years, months or days (Specify whether)

3. (a) PRINT FULL NAME James E. Allison

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 Widowed
 6. (b) Name of husband or wife EMMA ALLISON
 6. (c) Age of husband or wife if alive 16 years
 7. Birth date of deceased MAY 16 1854
 (Month) (Day) (Year)

8. AGE: Years 85 Months 8 Days 0
 If less than one day hr. min.

9. Birthplace Concord New Hampshire
 (City, town, or county) (State or foreign country)

10. Usual occupation Ret.

11. Industry or business

MOTHER FATHER
 12. Name William Allison
 13. Birthplace Massachusetts
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary Brown
 15. Birthplace Hopkinton N. Yorks
 (City, town, or county) (State or foreign country)

16. (a) Informant W. E. Allison

(b) Address 1702 Chestnut Rd. Excelsior 22

17. (a) CREMATION (b) Date thereof 1/17/40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation VALHALLA CREMATORY

18. (a) Signature of funeral director Ortmann Funeral Home
 (b) Address 9222 Lackland Overland Mo

19. (a) JAN 17 1940 (b) W. R. Meigs
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town Normandy
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3715 St Anns Lane
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 16
 year 1940 hour 7:25 minute A. M.

21. I hereby certify that I attended the deceased from 1935
 _____ 19____ to January 16, 1940
 that I last saw him alive on January 15, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic cardiac
vascular & renal arteriosclerotic
Cardiac failure myocardial
 Due to Complete failure
Senility
 Due to Hypertension Before 1939

Other conditions Upper respiratory
 (Include pregnancy within 3 months of death) 1-10-40

PHYSICIAN
 Major findings: infection - Not considered pneumonia
 Of operations on 1-15-40
 Of autopsy None
 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)
 (e) Means of injury _____

23. Signature W. R. Meigs (M. D. or other) MD
 Address 808 Hamilton St. Louis Date signed 1-16-40

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

7138

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 Al P. Ostmann

Licensed Embalmer No. 3478

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.