

1940 AUG 25

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

23942

State File No.

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6387

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5071 Maple Ave.
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 12
(If outside city or town limits, write "RURAL")
(d) Street No. 5046 Washington Blvd.
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Permelia L. Allen 457

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband LON 6. (c) Age of husband 71 years

7. Birth date of deceased May 22, 1869 1870
(Month) (Day) (Year)

8. AGE: Years 70 Months 2 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace Shelbina, Mo. _____
(City, town, or county) (State or foreign country)

10. Usual occupation Not employed

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas J. Carey
13. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)
14. Maiden name WITHEROW
15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant Bulah Smith
(b) Address 5046 Washington Blvd.

17. (a) Burial (b) Date thereof 7/31/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director Walter Lamberton

(b) Address Clayton Rd. at Concordia Lane

19. (a) JUL 30 1940 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29
year 1940 hour 10 minute A. M.

21. I hereby certify that I attended the deceased from November 4, 1938 to July 29, 1940
that I last saw her alive on July 29, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Atherosclerosis, General
Psychosis, Senility

Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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 of 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) (a) Manner of injury _____

23. Signature [Signature] (M. D. or D.O.)
Address 1515 Lafayette Date 7/29/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

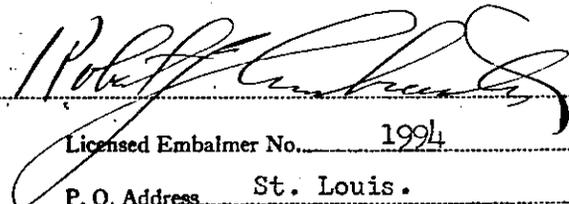
STATEMENT BY LICENSED EMBALMER

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. 1994

P. O. Address St. Louis.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.