

SEP 25 1940

Registration District No. **791**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH: **1608 Chestnut**

(a) County **St. Louis**

(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Phillips Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2 MOS 5 days**
No information (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **0 Missouri** (b) County _____

(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL") **21**

(d) Street No. **2207 Chestnut**
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME **William Allen** **450**

3. (b) If veteran, name war **NO** 3. (c) Social Security No. **NO**

4. Sex **mail** 5. Color or race **col** 6. (a) ~~Single~~ ~~widowed~~, married, divorced **yes**

6. (b) Name of husband or wife **Freda Tyden** 6. (c) Age of husband or wife if alive **unk** years

7. Birth date of deceased. **5** **12** **1884**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	56	2	10	hr. min.

9. Birthplace **Wicksburg Miss**
(City, town, or county) (State or foreign country)

10. Usual occupation **laborer**

11. Industry or business **NO**

MOTHER { 12. Name **NO** 18. Birthplace **Wicksburg Miss**
(City, town, or county) (State or foreign country)

14. Maiden name **NO** 15. Birthplace **NO**
(City, town, or county) (State or foreign country)

16. (a) Informant **Juannie Dudley**
(b) Address **318 S. Ewing**

17. (a) **burial** (b) Date thereof **8/7/40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenwood**

18. (a) Signature of funeral director **J. H. Evers**
(b) Address **7234**

19. (a) **8-7-40** (b) **J. H. Evers**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **27**
year **1940** hour **6:45** minute **R** M.

21. I hereby certify that I attended the deceased from **May 22**, 19**40**, to **July 27**, 19**40**;
that I last saw him alive on **July 27**, 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death **Parenchymatous Neurosyphilis** **5-7 yrs**
Duration

Due to **ZH**
Due to _____

Other conditions **Convulsive Seizures** **2 1/2 hrs**
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Major findings: _____
Of operations _____
Of autopsy _____

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 **J. H. Evers** (M. D. or other) _____
Address **2609 Whittier** Date signed _____

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, only

Registered Apprentice No. _____

working under my personal supervision.

Signed

G. L. Howell

Licensed Embalmer No.

2452

P. O. Address

2820 Dickson

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.