

SEP 25 1940

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No.

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town Saint Louis, Missouri.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Lutheran Hospital.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Edward L. Allen, 450  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 498-01-4276

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced, Single.  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased July 31st, 1917.  
(Month) (Day) (Year)

8. AGE: 23 Years	Months 0	Days 20	If less than one day _____ hr. _____ min.
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9. Birthplace Saint Louis, Missouri.  
(City, town, or county) (State or foreign country)  
10. Usual occupation Welder

11. Industry or business \_\_\_\_\_  
MOTHER FATHER {  
12. Name Fred L. Allen  
13. Birthplace Unknown Illinois.  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary B. Dietrich  
15. Birthplace Saint Louis, Missouri.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Fred L. Allen  
(b) Address 5320 Michigan Ave.  
17. (a) Burial (b) Date thereof August 23, 40.  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director J. B. Brudwick  
(b) Address 2623 Cherokee Street.

19. (a) Aug 22 1940 (b) J. B. Brudwick  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County \_\_\_\_\_  
(c) City or town Saint Louis, 15  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5320 Michigan Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 20th,  
year 1940. hour 10 minute 10 P. M.

21. I hereby certify that I attended the deceased from 8/13, 1940, to 8/20, 1940  
that I last saw him alive on 8/20, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction  
Due to Spontaneous  
Due to \_\_\_\_\_

Other conditions Nephritis  
(Include pregnancy within 3 months of death)  
Duration 8 days

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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) (e) Means of injury \_\_\_\_\_  
23. Edo J. Graw (M. D. or other) \_\_\_\_\_  
Address 2924 S. Grand Date signed 8/22/40

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

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**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.....

*W E Morris*

Licensed Embalmer No. ....

*3360*

P. O. Address.....

*2623 Cheroke*

**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.**