

Registration District No. 791 Primary Registration District No. 1003

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

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: Peoples Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks
(Specify whether)

In this community 13 Yrs.
years, months or days

RECORDED 11 1940

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. 3528 Lawton Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Lee Allen

3. (b) If veteran, name war Wil 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Col 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Minnie Bell Allen 6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased June 10, 1902
(Month) (Day) (Year)

8. AGE: 38 Years 5 Months 10 Days If less than one day
hr. min.

9. Birthplace Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Sand Blaster

11. Industry or business Soullina Steel Co.

MOTHER FATHER { 12. Name Will Allen

13. Birthplace Arkansas
(City, town, or county) (State or foreign country)

14. Maiden name Nattie Collins

15. Birthplace Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant Minnie Bell Allen

(b) Address 3528 Lawton Ave.

17. (a) Removal (b) Date thereof 11-20-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Poplar Bluff

18. (a) Signature of funeral director [Signature]

(b) Address 3517 Saddle Creek

19. (a) NOV 20 1940 (b) [Signature]
(Date received local registrar) (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov 20 day 40
year _____ hour 6 minute 2 M.

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

Immediate cause of death
Broncho-Pneumonia

Due to _____

Due to _____

Other conditions Silicosis
(Include pregnancy within 3 months of death)

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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 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) (Specify means of injury)

23. Signature [Signature] (M. D. or other) _____

Address 705 S. S. Ave. 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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

W. K. Green

Licensed Embalmer No.

1173

P. O. Address

3517 Soledad

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, fact should be so stated above.