

No. 2
4-13-40
5-17-39
I X23159

FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

8731
State File No. _____
2141
Registrar's No. _____

Registration District No. 791 Primary Registration District No. _____

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

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 50 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Dr. A.B. Allyn
3. (b) If veteran, name war No
3. (c) Social Security No.

4. Sex Male
5. Color of race W
6. (a) Single, widowed, married, divorced, or single Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct 31, 1853 (Month) (Day) (Year)

8. AGE: Years 87 Months 4 Days 6 If less than one day hr. min.

9. Birthplace Orwell Penn (City, town, or county) (State or foreign country)
10. Usual occupation Medical Doctor

11. Industry or business
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mr. C. P. Allen
(b) Address 5332 Mardel
17. (a) Cremation (b) Date thereof 3/7 41.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory
Oscar J. Hoffmeister
18. (a) Signature of funeral director
(b) Address 4016 Chippewa
19. (a) MAR 7 1941 (b) J. F. Brudeck (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County
(c) City or town St Louis (If outside city or town limits, write "RURAL")
2317
(d) Street No. 2318 Lafayette (If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 7th year 1941 hour 6 minute A. M.
21. I hereby certify that I attended the deceased from 3-2-41, 19 to 3-7-41, 19 that I last saw him alive on 3-7-41, 19 and that death occurred on the date and hour stated above.

Immediate cause of death: arterio sclerosis
Due to: MI
Due to:
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:
Duration
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. Signature: Harold Freedman (M. D. or other)
Address: Chippewa Hospital 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



Licensed Embalmer No.....

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, fact should be so stated above: