

FILED MAY 13 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13054
State File No. _____
3484
Registrar's No. _____

Registration District No. 791

Primary Registration District No. 1003

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:
Homer G. Phillips Hosp.
(If not in hospital or institution, write street number or location) 2
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 2 Hrs. & 45 Min. (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town 1721
(If outside city or town limits, write "RURAL")
(d) Street No. 3415 Lawton (If rural, give location) 9
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3- day 21-
year 1941 hour 10 minute 15 A.M.
21. I hereby certify that I attended the deceased from 3-24- 1941 to 3-24- 1941
that I last saw him alive on 3-24- 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Prematurity
Due to _____
Due to _____
Other conditions _____
(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 Same as above

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 G.E. Peace (M. D. or other) _____
Address 2601 N. Whittier Date signed _____

3. (a) PRINT FULL NAME Ulysses Allen
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 3- 24- 41
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 2 hrs. 45 min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name James Allen
13. Birthplace Ark.
(City, town, or county) (State or foreign country)
14. Maiden name Lillie Johnson
15. Birthplace Ark.
(City, town, or county) (State or foreign country)

16. (a) Informant Father Map Sheward
(b) Address 2601 N. Whittier

17. (a) _____ (b) Date thereof 4/4/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director Geo Hamilton

(b) Address APR 23 1941

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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.