

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **5217**

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G. Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 26 days
37 yrs. (Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 1761
(d) Street No. 4271 Fairfax (If rural, give location) 9
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Scott Allen

3. (b) If veteran, name XX 3. (c) Social Security No. XX

4. Sex M 5. Color or race N 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Aug. 21 1892
(Month) (Day) (Year)

8. AGE: Years 48 Months 9 Days 25
If less than one day _____ hr. _____ min.

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

10. Usual occupation Nil.

11. Industry or business _____

12. Name Perry Allen

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

14. Maiden name Fannie Ewing

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

16. (a) Informant Alorence J. Spotts

(b) Address 2601 N. Whittier

17. (a) burial (b) Date thereof 6-26-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director Ira Hamilton

(b) Address City Health Dept

19. (a) JUN 26 1941 (b) [Signature]
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16
year 1941 hour 12:40 minute _____ A. M.

21. I hereby certify that I attended the deceased from May 21 1941 to June 16 1941

that I last saw him alive on June 16 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chf. Nephritis
Pulmonary Edema

Duration
8-11 Mos.
11 days

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy As above

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

Address 2601 N. Whittier Date signed 6/19/41

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

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.