No. 2
-4-41
17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23061

FILED AUG - 0 1941

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 5413

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

1. PLACE OF DEATH:

(a) County

(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: St. Louis Childrens Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6/24/41 to 6/25/41 (Specify whether years, months or days)

In this community 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

(c) City or town Gideon
(If outside city or town limits, write "RURAL")

(d) Street No. NP
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Allen, Shirley Jean

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female

5. Color or race wh

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife —

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased August (Month) 9 (Day) 1940 (Year)

8. AGE: Years ~~10~~ Months 10 Days 16 If less than one day hr. min.

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

10. Usual occupation —

11. Industry or business —

FATHER
12. Name Robert Allen
13. Birthplace Hickman, Ky. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Myrtle Nelson
15. Birthplace Boynton, Ark. (City, town, or county) (State or foreign country)

16. (a) Informant Robert Allen
(b) Address Gideon, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6-26-1941 (Month) (Day) (Year)

(c) Place: burial or cremation burial - Malden Mo.

18. (a) Signature of funeral director Jernigan Funeral Home
(b) Address Malden, Mo.

19. (a) JUL 1 1941 (Date received local registrar) (b) J. Murdock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 25 year 1941 hour 4 minute P M.

21. I hereby certify that I attended the deceased from 6-24 1941 to 6-25 1941; that I last saw her alive on 6-25 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Dysentery, Bacillary

Due to

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature R. J. Bleffer (M. D. or other) O

Address Sop. Co. Springfield Date signed 6-25

(Licensed Embalmer's Statement on Reverse Side)

SEP 3 1941

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.

Not embalmed

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.