

No. 2
1-4-41
17-39
X28390

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **23293**
Registrar's No. **5645**

FILED AUG 28 1941

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:
St. Mary's Infirmary
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community..... **Life** **0** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....
 (c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
 (d) Street No. **4350a Easton Ave.**
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country **0**

3. (a) PRINT FULL NAME **Mamie Allen**

3. (b) If veteran, name war **---**

3. (c) Social Security No. **----**

4. Sex **Female** **3** **5. Color or race** **Negro**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Robert Allen**

6. (c) Age of husband or wife if alive **52** years

7. Birth date of deceased **August 2nd, 1892**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
48	11	2	hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business **UN**

MOTHER FATHER

12. Name **K**

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

14. Maiden name **W**

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

16. (a) Informant **Robert Allen**
 (b) Address **4350a Easton Ave.**

17. (a) **burial** **(b) Date thereof** **8-10-1941**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Washington Park Cem.**

18. (a) Signature of funeral director **Charles J. Gates**
 (b) Address **4107 Finney Ave. St. Louis**

19. (a) **8 1941** **(b)** **J. H. Brudick**
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **4th.**
 year **1941** hour **7:30** minute **a.** M.

21. I hereby certify that I attended the deceased from **June 20th 1941** to **July 4th 1941**
 that I last saw her alive on **July 4th 1941**
 and that death occurred on the date and hour stated above.

Immediate cause of death
Pulmonary Embolism

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) **66 5/11 5/11**

Major findings:
 Of operations **Uterine Fibroid non malignant**
 Of autopsy **Pulmonary emboli**

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 **Lucius S. Davis** (M. D. or other)
 Address **1036 Papine St** Date signed **7-8-41**

AUG 1 1944

STATEMENT BY LICENSED EMBALMER

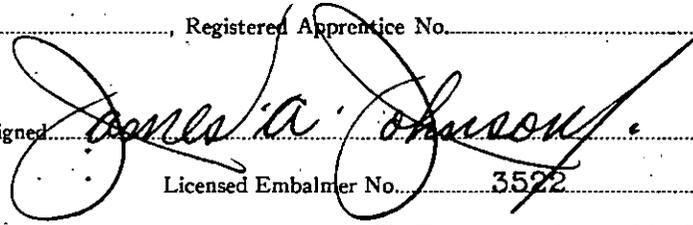
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

James A. Johnson

Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No. 3522

P. O. Address. 4107 Finney Ave. St. L.

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.