No. 2
1-4-41
-17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 17 1941

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26678

Primary Registration District No. 1003

Registrar's No. 6470

1. PLACE OF DEATH FILED SEP 17 1941

(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: 5887 PLYMOUTH AVE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 1

2. USUAL RESIDENCE OF DECEASED: 000

(a) State MISSOURI (b) County 17
(c) City or town ST. LOUIS 6 9
(If outside city or town limits, write "RURAL")
(d) Street No. 5887 PLYMOUTH AVE.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME ERNEST C. ALLEN SR.

3. (b) If veteran, name war NONE

3. (c) Social Security No. 494-01-7432

4. Sex MALE 0

5. Color or race WHITE

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

6. (b) Name of husband or wife MYRTLE R. ALLEN

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased FEBY (Month) 13 (Day) 1883 (Year)

8. AGE: Years 58 Months 5 Days 22 If less than one day hr. min.

9. Birthplace WENTZVILLE (City, town, or county) 0 MISSOURI (State or foreign country)

10. Usual occupation SALESMAN

11. Industry or business ST. LOUIS BUTCHERS SUPPLY CO.

FATHER
12. Name CHARLES ALLEN
13. Birthplace UNKNOWN (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name MARTHA CARTER
15. Birthplace UNKNOWN (City, town, or county) 0 (State or foreign country)

16. (a) Informant MRS MARTHA ALLEN
(b) Address 5887 PLYMOUTH AVE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG 8-1941 (Month) (Day) (Year)
(c) Place: burial or cremation LAUREL HILL CEMETERY

18. (a) Signature of funeral director Shepard Funeral Home
(b) Address 1167 Hampton Ave

19. (a) AUG -7 1941 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG.- day 5-1941 year 1941 hour 3.05 minute A.- M.

21. I hereby certify that I attended the deceased from 1938 19.. to Aug 5 1941; that I last saw him alive on Aug 5 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	1 day.
Due to: Hypertensive heart disease	3 yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death): —	

Major findings:
Of operations
Of autopsy

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 J. F. Bennett (M. D. or other) D
Address 5727 Delmar Date signed 8-5-41

(Licensed Embalmer's Statement on Reverse Side)

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 J. Wm Bimbley

Licensed Embalmer No. 3653

P. O. Address St Louis Mo

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.