

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Registration District No. 784 Primary Registration District No. 101

1. PLACE OF DEATH:

(a) County St. Louis  
 (b) City or town Clayton  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
St. Louis County Hospital   
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 14 days  
(Specify whether years, months or days)  
 In this community 5 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96  
 (c) City or town S. Kinloch   
(If outside city or town limits, write "RURAL")  
 (d) Street No. Hugo and Freeland Ave.   
(If rural, give location)  
 (e) Citizen of foreign country? no  (Yes or No)  
 If yes, name country \_\_\_\_\_

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 9  
 year 1941 hour 5 minutes 18 P.M.  
 21. I hereby certify that I attended the deceased from 8-26-41  
 \_\_\_\_\_, 19 \_\_\_\_\_ to 9-9-41, 19 \_\_\_\_\_  
 that I last saw him alive on 9-9-41  
 and that death occurred on the date and hour stated above.

4. Sex male 9 5. Color or race colored  
 6. (a) Single, widowed, married, divorced widower  
 (b) Name of husband or wife Cassie Harris  
 (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased: April 1 1891  
(Month) (Day) (Year)

Immediate cause of death:  
Cardiac decompensation  
 Due to Hypertensive C-V  
renal disease  
 Due to \_\_\_\_\_  
 Duration 3 weeks  
no  
indefinite

8. AGE:	Years	Months	Days	If less than one day
	<u>50</u>	<u>5</u>	<u>8</u>	hr. _____ min.

9. Birthplace Lincoln County 0 Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation nil.

11. Industry or business \_\_\_\_\_

MOTHER FATHER {  
 12. Name Richard Allen  
 13. Birthplace Lincoln County 0 Mo.  
(City, town, or county) (State or foreign country)  
 14. Maiden name Sarah Shannon  
 15. Birthplace Lincoln County 0 Mo.  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: 13/10  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mamie Lewis  
 (b) Address 50 Knickerbocker Mo

17. (a) \_\_\_\_\_ (b) Date thereof 9 15-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cem.

18. (a) Signature of funeral director R. F. W. Walton  
 (b) Address 2727 Standard

19. (a) SEP 12 1941 (b) H. McFarland  
(Date received local registrar) (Registrar's signature)

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 Paul Barton (M. D. or other) 0  
 Address St. Louis County Mo Date signed 9/10/41

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

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OCT 16 1941

OCT 13 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.

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.**