

FILED OCT 28 1941

Registration District No. 78

Primary Registration District No. 101

Registrar's No. 2074

1. PLACE OF DEATH:

(a) County St. Louis County, Mo.
(b) City or town St. Louis
(c) Name of hospital or institution: St. Louis County Hospital
(d) Length of stay: In hospital or institution 7 days
In this community 5 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Capitol
(d) Street No. 6216 Matilda Ave.
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Charles W. Allred

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Grace Allred 6. (c) Age of husband or wife if alive Abt. 74 years
7. Birth date of deceased August 26, 1862

8. AGE: Years 79 Months 1 Days 13 If less than one day hr. min.

9. Birthplace DeSoto Missouri

10. Usual occupation None

11. Industry or business James Allred

MOTHER FATHER { 12. Name James Allred
13. Birthplace Unknown
14. Maiden name Rosalie McNulty
15. Birthplace Unknown

16. (a) Informant Mrs. Grace Allred

(b) Address 4077 Concordia

17. (a) Burial (b) Date thereof 10-11-41

(c) Place: burial or cremation St. Matthew's

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 S. Grand Blvd.

19. (a) OCT 10 1941 (b) [Signature]

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 9th year 1941 hour 6 a.m. minute M.

21. I hereby certify that I attended the deceased from 10-2-41 to 10-9-41
that I last saw him alive on 10-9-41

Immediate cause of death acute coronary failure

Due to Angi. to sinus & auricular fibrillation

Other conditions arteriosclerosis

Major findings: Of operations [Signature]

Of autopsy Early myocardial infarct

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?
(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 St. Louis County Date signed 10-10-41

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.....

Virgil L. Berryman

Licensed Embalmer No.....

4018

P. O. Address.....

St. Louis Mo.

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.