

DEC 22 1941

State File No. \_\_\_\_\_  
Registrar's No. **8740**

Registration District No. **791**

Primary Registration District No. **1003**

000  
17  
9

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

**1. PLACE OF DEATH:**

(a) County St. Louis Missouri  
 (b) City or town St. Louis Missouri  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution 4557 Newberry Terrace  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_ years, months or days

9. (a) PRINT FULL NAME Mary D. Allen  
 8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced 1  
 6. (b) Name of husband or wife Alexander C. Allen 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased June 9 1859  
 (Month) (Day) (Year)

8. AGE: Years 82 Months 9 Days 24 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Nashville Tenn.  
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_  
 12. Name John Drake  
 13. Birthplace Yukon Tenn.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Chloe Reed  
 15. Birthplace Yukon Tenn.  
 (City, town, or county) (State or foreign country)

16. (a) Informant Sallie C. Flatt  
 (b) Address 4557 Newberry Terrace

17. (a) Burial (b) Date thereof 10-4-41  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Mt. Hope Cem.

18. (a) Signature of funeral director Chas. A. Bull  
 (b) Address 452 Washington Bl.

19. (a) NOV 3 1941 J. F. Bredenk  
 (Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
 (c) City or town St. Louis Mo. 012  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 4557 Newberry Terrace  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov. day 2nd 1941  
 year 1941 hour 9 minute 20 M.  
 21. I hereby certify that I attended the deceased from June  
1939 to 11/2 1941;  
 that I last saw her alive on Nov. 1st 1941;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration \_\_\_\_\_ years  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

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 Clyde E. Kane (M. D. or other title) 11/3/41  
 Address 1211 1/2 N. Taylor Date signed \_\_\_\_\_

---

---

**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

*John Ketter*

Licensed Embalmer No.

*3880*

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, above space should be left blank.**