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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

40638

State File No. 10400

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 mos. 23 ds. (Specify whether
In this community 6mos. 23ds.x
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis, Mo. 13 12
(If outside city or town limits, write "RURAL")

(d) Street No. 5400 Arsenal St. 5
(If rural, give location)

(e) Citizen of foreign country? 5 (Yes or No)

If yes name country

3. (a) PRINT FULL NAME LAURA ALLEN

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female/

5. Color or race white

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

6. (b) Name of husband or wife

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

7. Birth date of deceased July 26, 1889
(Month) (Day) (Year)

8. AGE: Years 52 | Months 4 | Days 23 | If less than one day hr. min.

9. Birthplace unknown / Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business

FATHER
12. Name Larger Moore
13. Birthplace unknown / Illinois
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Hollie Cleveland
15. Birthplace unknown / Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant L. Deggendorf
(b) Address 5400 Arsenal St.

17. (a) Anatomical Board (Burial, cremation, or removal) (b) Date thereof 12-24-41
(Month) (Day) (Year)
(c) Place: burial or cremation Washington

18. (a) Signature of funeral director W. Rutter
(b) Address 3500 Rutter

19. (a) DEC 30 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 17
year 1941 hour 11:15 minute P. M.

21. I hereby certify that I attended the deceased from 5-26-41, 19..., to 12-17-41, 19...;
that I last saw her alive on 12-17-41, 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death General Paralysis of the

Due to Insane 1924x.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No.

Duration

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 N. J. Bublis (M. D. ~~or other~~)

Address 5400 Arsenal Date signed 12-22-41

(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.....

Licensed Embalmer No.....

P. O. Address.....

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.