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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 24 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3417

Registration District No. 784 Primary Registration District No. 116 Registrar's No. 317

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Valley Park (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 509 Leonard (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Valley Park (If outside city or town limits, write "RURAL")
(d) Street No. 509 Leonard (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Larry Joseph Allen
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec. (Month) 23 (Day) 1940 (Year)

8. AGE: Years 1 Months 1 Days 17 If less than one day hr. min.

9. Birthplace Valley Park (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Nil
11. Industry or business
FATHER
12. Name Floyd Jos. Allen
13. Birthplace Sullivan (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name Bertha Reed
15. Birthplace Iowa (City, town, or county) Kansas (State or foreign country)
16. (a) Informant Floyd Allen
(b) Address Valley Park, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-12-42 (Month) (Day) (Year)
(c) Place: burial or cremation Bethel Cem. Pond, Mo
18. (a) Signature of funeral director Louis H Bopp Inc
(b) Address Kirkwood, Mo
19. (a) FEB 11 1942 (Date received local registrar) (b) E. G. McGavran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 10 year 1942 hour 9 minute A M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Burnt to death when home was destroyed by fire.

Due to Body entirely burnt.

Due to

Other conditions (Include pregnancy within 3 months of death) 180-1

Major findings:
Of operations
Of autopsy

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) Accident
(b) Date of occurrence Feb. 10, 1942
(c) Where did injury occur? Valley Park, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In home. (Specify type of place)
While at work? (e) Means of injury

23. Signature Louis H Bopp Coron (M. D. or other)
Address Kirkwood, Mo. 2/10/42 Date signed

(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 with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.