

FILED FEB 24 1942

State File No. _____

Registration District No. 784

Primary Registration District No. 116

Registrar's No. 318

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 Ave
(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 Ruth Laverne 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 single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 18 1929
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>12</u>	<u>6</u>	<u>22</u>	hr. _____ min. _____

9. Birthplace Valley Park, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Student

11. Industry or business _____

12. Name Floyd Jos. Allen

13. Birthplace Sullivan, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Bertha Reed

15. Birthplace Iowa, Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Floyd Allen

(b) Address Valley Park, Mo.

17. (a) Burial (b) Date thereof Feb 12 1942
(Burial, cremation, or reinterment) (Month) (Day) (Year)

(c) Place: burial or cremation Bethel Pond Mo

18. (a) Signature of funeral director Louis H Bopp Jr
(b) Address Kirkwood, Mo

19. (a) FEB 11 1942 (b) C. L. Mc
(Date received local registrar) (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 him _____ 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 entirelyly burnt.

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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

While at work? _____ (Specify type of place) (e) Means of injury 3

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

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

16

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.