

FILED APR 13 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

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17
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16
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3310 Williams Pl.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 1 years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 6 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3310 Williams Pl.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Corda 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 Widowed
7. Birth date of deceased May 1 1859
(Month) (Day) (Year)

8. AGE: Years 82 Months 10 Days 28 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Thomas Miller

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

14. Maiden name Febe Love

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

16. (a) Informant Claudia Berrian

(b) Address 3310 Williams Pl.

17. (a) Burial (b) Date thereof 3-31-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cem.

18. (a) Signature of funeral director Dreh mann-Harral

(b) Address 1905 Union Blvd.

19. (a) MAR 31 1942 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 29
year 1942 hour 7 minute _____ P. 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 Cerebral Apoplexy
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations 83a, 87a
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) _____
(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 Thomas F. Callahan (M. D. or other) _____
Address Deputy Coroner Date signed 3/30/42

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.....

Albert R. Thompson Jr

Licensed Embalmer No.....

4287

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.