

Registration District No. **791**

Primary Registration District No. **1003**

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

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: **Homer Phillips Hospital**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **24 days**  
 In this community **12 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....  
 (c) City or town **St. Louis,** (If outside city or town limits, write "RURAL")  
 (d) Street No. **2616 1/2 Olive St.** (If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country..... **0**

3. (a) PRINT FULL NAME **Henryetta Larkins Allen**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Charlie Allen** 6. (c) Age of husband or wife if alive **60** years

7. Birth date of deceased **Feb. 26 1874** (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>68</b>	<b>1</b>	<b>7</b>	.....hr. ....min.

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

10. Usual occupation **Housewife**

11. Industry or business.....

MOTHER FATHER

{ 12. Name **Henry Campbell**

{ 13. Birthplace **Unknown Tenn.** (City, town, or county) (State or foreign country)

{ 14. Maiden name **Lettie ?**

{ 15. Birthplace **Unknown Tenn.** (City, town, or county) (State or foreign country)

16. (a) Informant **Charlie Allen**

(b) Address **2616 rear Olive st.**

17. (a) **Burial** (b) Date thereof **April 8, 1942** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenwood Cem.**

18. (a) Signature of funeral director **Dement & Son**

(b) Address **2620-31 Cole St.**

19. (a) **APR 8 1942** **J. F. Bredek** (Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **2,** year **1942** hour **6** minute **10 P.** M.

21. I hereby certify that I attended the deceased from **March 9,** 19**42** to **April 2,** 19**42**

that I last saw her alive on **April 2,** 19**42** and that death occurred on the date and hour stated above.

Immediate cause of death..... **Cerebral Thrombosis**

Duration **Indef.**

Due to..... **836**

Due to.....

Other conditions (Include pregnancy within 3 months of death)

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).....

(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?.....

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

23. Signature **H. J. Erwin** (M. D. or other)

Address **260 N. Whittier** Date signed **4/4/42**

**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.....

*Myself*

....., Registered Apprentice No. ....

working under my personal supervision.

Signed *William Claude Gordon*

Licensed Embalmer No. *3489*

P. O. Address. *2649 Welmar Blv*

**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.**