S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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17

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 13 1942

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 8211

Registrar's No. 2512

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: St. Johns Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Hrs. (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 24 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3641 Oregon Ave. 9
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME John L. (Erhart) Allman

3. (b) If veteran, name war

3. (c) Social Security No. 497-01-5509

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Mary

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased Feb. 25 1899
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
43	-	21	hr. min.

9. Birthplace Afton Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Maintainance

11. Industry or business Paint

FATHER
12. Name Wm. F. Allman
13. Birthplace England 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Julia Stevens
15. Birthplace High Ridge Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Allman
(b) Address 3641 Oregon Ave.

17. (a) Burial (b) Date thereof 3-21-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sunset

18. (a) Signature of funeral director Wm Schumacher
(b) Address 3013 Meramec St.

19. (a) MAR 20 1942 (b) J. F. Bridek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mch. day 18th.
year 1942 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from Feb. 21, 1942, to March 18, 1942
that I last saw him alive on March 18, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Brain Abscess - frontal? left lobe.

Due to Sinusitis - frontal left

Due to Abscess due to

Other conditions Sinusitis,
(Include pregnancy within 3 months of death)

Major findings:
Of operations 80a

Of autopsy 74

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 0

23. Signature Dr. H. W. Welch (M. D. or other) MD

Address 630 Mo Bldg Date signed 3-20-42

X44

(Licensed Embalmer's Statement on Reverse Side)

Mo Weatre Bldg.
10-12 30

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 Clarence Rochow, Registered Apprentice No. ....., working under my personal supervision.

Signed Clarence Rochow

Licensed Embalmer No. 3093

P. O. Address 3013 Meramec

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.