

Registration District No. 784

Primary Registration District No. 209

Registrar's No. 1592

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

196
13
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1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Overland
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2328 Baldwin 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 time
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Clayton
(If outside city or town limits, write "RURAL")
(d) Street No. 6326 Alexander Drive
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME

Carrie L. R. Allen

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female / 5. Color or race White

6. (a) Single, widowed, married, divorced 2 widowed

6. (b) Name of husband or wife Charles C. Allen alive _____ years

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

7. Birth date of deceased September 27, 1863
(Month) (Day) (Year)

8. AGE: Years 78 Months 0 Days 27 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Eben Richards

13. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Carrie Maxwell

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

16. (a) Informant Chas. C. Allen

(b) Address 821 Aberdeen Place

17. (a) Burial (b) Date thereof 7/27/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Wagoner Und. Co.
3621 Olive St

(b) Address _____

19. (a) JUL 25 1942 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24
year 1942 hour 10 minute 30 p.m.

21. I hereby certify that I attended the deceased from Oct, 1940, to July 24, 1942
that I last saw her alive on July 24, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerosis & thrombosis of cerebral arteries Duration 2 years
Due to general arterial thickening 15 years

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations _____
Of autopsy _____
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 [Signature] (M. D. or other) _____
Address 3720 Washington Date signed _____

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 *Will B. Schmitt*

Licensed Embalmer No. 3696

P. O. Address 3621 Olive St.

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.