

FILED DEC 15 1942

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10147

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

000
17
9

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

(b) City or town St. Louis, Missouri
(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 29 days (Specify whether years, months or days)

In this community 26 years

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. 2124 Gratiot
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Henry Allen

(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex Male 5. Color or race Col 6. (a) Single, widowed, married Married

6. (b) Name of husband or wife Wallie Allen 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased July 18 1899
(Month) (Day) (Year)

8. AGE: Years 43 Months 5 Day 21 If less than one day _____ hr. _____ min.

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

10. Usual occupation W.P.A.

11. Industry or business _____

12. Name Jack Allen

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

14. Maiden name Wallie Jordan

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

16. (a) Informant Wallie Allen
(b) Address 2124 Gratiot

17. (a) Burial (b) Date thereof in 7, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem

18. (a) Signature of funeral director J. A. Green
(b) Address 2915 Franklin Ave

19. (a) DEC 5 1942 (b) J. F. Bredack
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 1,
year 1942 hour 8 minute 15 A. M.

21. I hereby certify that I attended the deceased from November 2,
1942 to December 1,
1942
that I last saw him in alive on December 1,
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia ; Acute Glomerulonephritis Duration 8 days

Due to Left Inguinal Hernia 2 yrs.
Hernioplasty 23 days

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)
(2) Means of injury _____

23. Signature C. R. Merry (M. D. or other) _____
Address 2601 Whittier Date signed 12/2/42

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.....

L. A. Green

Licensed Embalmer No. *2963*

P. O. Address *2915 Franklin*

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.