

FILED DEC 21 1942

Registration District No. ....

Primary Registration District No. .... 1003

1. PLACE OF DEATH:

(a) County... St. Louis, Missouri  
(b) City or town... St. Louis, Missouri  
(c) Name of hospital or institution: St. Louis City Hospital  
(d) Length of stay: In hospital or institution... 10 Days  
In this community... years, months or days

3. (a) PRINT FULL NAME... Mary Jane Allen

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

4. Sex... Female / 5. Color or race... White  
6. (a) Single, widowed, married, divorced... Widowed  
6. (b) Name of husband or wife...  
6. (c) Age of husband or wife if alive... years

7. Birth date of deceased... March 15, 1867  
(Month) (Day) (Year)

8. AGE: Years 75 Months 8 Days 25  
If less than one day hr. min.

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

10. Usual occupation... at home

11. Industry or business

12. Name... Gideon Finley  
13. Birthplace... Don't Know  
14. Maiden name... Don't Know  
15. Birthplace... Don't Know

16. (a) Informant... Mrs. L. Axson 1811 S. Newstead

(b) Address... 1811 S. Newstead

17. (a) Removal RR. (b) Date thereof... Dec. 11/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... Poplar Bluff, Mo.

18. (a) Signature of funeral director... Weick Bros. Und. Co.

(b) Address... 2201 S. Grand Bl.

19. (a) DEC 21 1942 J. F. Prudek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County...  
(c) City or town... St. Louis  
(d) Street No... 3639 Olive St.  
(e) Citizen of foreign country? ... (Yes or No)  
If yes, name country...

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 10, year 1942 hour 1:03 minute A. M.

21. I hereby certify that I attended the deceased from December 1, 1942, to December 10, 1942 that I last saw her alive on December 10, and that death occurred on the date and hour stated above.

Immediate cause of death... Carcinoma of Stomach  
Due to...  
Due to...  
Other conditions...  
(Include pregnancy within 3 months of death)

Major findings: Of operations...  
Of autopsy... relatives not available

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? ...  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? ...  
23. Signature... 1515 Lafayette Ave.,  
Address... Date signed... 12/10/42

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

17  
9

1942  
17  
9

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

SEP 20 1943

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**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 *Samuel A. Stewart*

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette 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.**