

FILED JAN -5 1943 18

Primary Registration District No. 1003

Registrar's No. 10728

2000030

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

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: Enroute City Hospital #1 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... None (Specify whether
In this community..... Life (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Patrick Allen

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

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced, Single
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased January 1, 1893
(Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day
49 | 11 | 20 | ..hr. min.

9. Birthplace St. Louis Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Peddler

11. Industry or business Self

12. Name Patrick Allen
13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)
14. Maiden name Mary Cummings
15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Kate Grebe
(b) Address 3729 Taft Ave.

17. (a) Burial Date thereof 12/23/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews

18. (a) Signature of funeral director A. St. McLaughlin
(b) Address 2301 Lafayette

19. (a) DEC 23 1942 (b) J. F. Bradock
(Date received local registrar) (Registrar's signature)

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. 300 Locust Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
No attending Physician

20. DATE OF DEATH: Month December day 21
year 1942 hour 11 minute A M.

21. I hereby certify that I attended the deceased from.....
....., 19....., to....., 19.....;
that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death
Bilateral Lobar Pneumonia
with Abscess Formation
both Lobes
Duration
Due to.....
Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)
Major findings:
Of operations 108
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) (c) Means of injury.....
23. Signature Alfred Perry (M.D. or other)
Address Superior Date signed 12/23/42

P

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..... *Paul A. Keith*

Licensed Embalmer No. *3612*

P. O. Address..... *2317 Lafayette*

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.