S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 24 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22735

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6395

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:
2735 Ellendale /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution nil (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 006 12
(a) State Missouri (b) County
(c) City or town St. Louis 7
(If outside city or town limits, write "RURAL")
(d) Street No. 2735 Ellendale 3
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Edwin R. Allan

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Eugenia Allan

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased May 2, 1869 (Month) (Day) (Year)

8. AGE: Years 74 Months 2 Days 11 If less than one day hr. min.

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

10. Usual occupation Coal Salesman

11. Industry or business

MOTHER FATHER
12. Name David Allan
13. Birthplace Cincinnati, Ohio (City, town, or county) / (State or foreign country)
14. Maiden name Mary Harper
15. Birthplace Des Peres, Mo. (City, town, or county) 0 (State or foreign country)

16. (a) Informant Eugenia Allan
(b) Address 2735 Ellendale

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-16-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cem.

18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester

19. (a) JUL 14 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13
year 1943 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from 9/12/43, 19..., to 7/13/43, 19...;
that I last saw him alive on 7/13/43, 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

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

23. Signature John Pierce (M. D. or other) MD
Address Inglewood Mo Date signed 7/14/43

844 (Licensed Embalmer's Statement on Reverse Side)

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 H C Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.