

S. No. 2
 DM-2-43
 5-17-39
 X35897

32869

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

FILED NOV 1 1943

318

Primary Registration District No.

1003

9375

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
 (b) City or town St. Louis, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
BARNES HOSPITAL
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 months
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Edward Allan.

3. (b) If veteran, name war None SS-1-
 3. (c) Social Security No. 492-09-0126

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Flora Allan 6. (c) Age of husband or wife if alive, deceased years

7. Birth date of deceased Aug 16th-1877
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	66	2	8	hr. min.

9. Birthplace O'Fallon Twsp Ills.,
 (City, town, or county) (State or foreign country)

10. Usual occupation Machinest

11. Industry or business Nigger Hollow Mine #2

12. Name Edward Allan Cranshaw

13. Birthplace England 7
 (City, town, or county) (State or foreign country)

14. Maiden name Jane Alice Cranshaw

15. Birthplace England 4
 (City, town, or county) (State or foreign country)

16. (a) Informant Jeph Allan
 (b) Address Troy, Ills.,

17. (a) burial (b) Date thereof Oct 27/43
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Collinsville, Ills.,

18. (a) Signature of funeral director Leo M. Blumpp

(b) Address Collinsville, Ills.

19. (a) Oct 25 1943 (Date received local registrar)
J. F. Bradeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ills (b) County Madison 11
 (c) City or town Collinsville
 (If outside city or town limits, write "RURAL")
 (d) Street No. 427 S. Combs Ave
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 21

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 24
 year 1943 hour 8:30 minute P M.

21. I hereby certify that I attended the deceased from June
1 1943 to Oct 24 1943;
 that I last saw him alive on Oct 24 1943;
 and that death occurred on the date and hour stated above.

Immediate cause of death ureinary carcinoma of bladder 10 mos

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Ca of bladder
 Of operations _____

Of autopsy not completed

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 Ballard Blumpp (M. D. or other)
BARNES HOSPITAL Address Date signed 10-24-43

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 _____

working under my personal supervision.

Signed Leo M. Schaeppel Registered Apprentice No. _____

Licensed Embalmer No. 1598

P. O. Address Ballusville, Ill

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.