

No. 2
4-2-43
5-17-39
X35627

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3609C

State File No. _____

Registrar's No. **10108**

FILED DEC 3 1943
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County _____

(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:
En Route to City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
years, months or days) 3

In this community 25 Years
years, months or days

3. (a) PRINT FULL NAME THOMAS EDWARD ALLEN

3. (b) If veteran, name was No

3. (c) Social Security No. _____

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Grace

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased April 2nd 1886
(Month) (Day) (Year)

8. AGE: Years 57 Months 7 Days 15
If less than one day _____ hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business Viking Freight Lines

MOTHER FATHER { 12. Name Thomas Allen

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

14. Maiden name Rebecca McLain

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

16. (a) Informant Grace Allen

(b) Address 1323a So. Broadway

17. (a) Burial (b) Date thereof 11/20/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews

18. (a) Signature of funeral director d. w. m. mcLaughlin

(b) Address 2301 Lafayette Ave.

19. (a) NOV 18 1943 (b) J. F. Biedeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis 2317
(If outside city or town limits, write "RURAL")

(d) Street No. 1323a So. Broadway
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 18
year 1943 hour _____ 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 _____
Chronic Coronary Heart Disease
Due to _____
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)

(c) Means of injury _____

23. Signature Alfred Perry (M. D. or other)
Address _____ Date signed 11/18/43

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. R. Cooper

Licensed Embalmer No. 3633

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.