

Registration District No. 318

Primary Registration District No. 1009

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:
4392 Laclede
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Gladys Wilma Allison

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

4. Sex Female 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 6 25 1901
(Month) (Day) (Year)

8. AGE: Years 42 Months 6 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace Washington D. C.
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas Allison
13. Birthplace Washington D. C.
(City, town, or county) (State or foreign country)
14. Maiden name Edna Startzman
15. Birthplace Grafton W. Va.
(City, town, or county) (State or foreign country)

16. (a) Informant Edna Allison
(b) Address 4392 Laclede

17. (a) Burial (b) Date thereof 1-13-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cemetery
Truth Center Mortuary

18. (a) Signature of funeral director _____
(b) Address 4024 Lindell Boulevard

19. (a) JAN 12 1944 J. F. Medesek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 13
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4392 Laclede
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 11th
year 1944 hour 10:30 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from July 8
1944 to July 11 1944
that I last saw him alive on July 10 and that death occurred on the date and hour stated above.

Immediate cause of death acute myocardial infarction
followed by _____

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy m
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) (e) Means of injury _____
23. Signature C. J. Luckett (M. D. or other)
Address 352 E. Frank Date signed 12-24

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

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 W E Morris

Licensed Embalmer No. 3360

P. O. Address.....

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.