

No. 2  
1-2-43  
5-17-39  
X35897

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. **8680**

Registrar's No. **2663**

**FILED MAR 27 1944**

**818**

**1003**

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

**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:  
St. Louis City Hospital  
(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)

**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. 4366a West Pine  
(If rural, give location)

(e) Citizen of foreign country? J. (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Helenn Allenn

3. (b) If veteran, name war None

3. (c) Social Security No. U nknow

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Frank Allen

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased: June 12 1910  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>33</u>	<u>9</u>	<u>5</u>	_____ hr. _____ min.

9. Birthplace Hinton West Virginia  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

**MOTHER FATHER**

12. Name John Butler

13. Birthplace Unknown West Virginia  
(City, town, or county) (State or foreign country)

14. Maiden name Maude Goff

15. Birthplace Hinton West Virginia  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. R.J. Curtis

(b) Address 5855 Washington Blvd.

17. (a) Removal (b) Date thereof 3-19-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hinton, West Virginia

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) MAR 20 1944 (b) J. F. Brueck  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 17  
year 1944 hour 7:00 minute A. M.

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

Immediate cause of death Sodium Fluoride Duration \_\_\_\_\_  
poisoning self administered  
in her home on March 17-44  
Due to about 5 am

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) 163

**PHYSICIAN**

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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) Suicide

(b) Date of occurrence St. Louis Mo  
4-17-44

(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?  
St. Louis Mo

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury 3

23. Signature Thomas J. Callahan (Date or other) \_\_\_\_\_  
Address Deputy Coroner Date signed 3-18-44

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

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**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.

Registered Apprentice No.....

Signed.....

*Albert G. Kopper*

Licensed Embalmer No. 2971

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.**