

No. 2
1-5-43
5-17-39
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23770
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8681

FILED MAR 27 1944

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2613

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:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... 20 days
(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. 933 Elias Ave
(If rural, give location)

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

3. (a) PRINT FULL NAME..... William Allwell

3. (b) If veteran, name war..... None

3. (c) Social Security No. None

4. Sex..... Male

5. Color or race..... White

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

6. (b) Name of husband or wife..... None

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

7. Birth date of deceased..... January 5, 1864
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>80</u>	<u>2</u>	<u>12</u>	hr. min.

9. Birthplace..... St. Louis County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation..... Retired

11. Industry or business..... City Employee

12. Name..... Patrick Allwell

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

14. Maiden name..... Susan Jeff

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

16. (a) Informant..... Hugh Allwell

(b) Address..... 6010 Garesche Ave

17. (a) Burial (b) Date thereof..... 3/20/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... New Bethlehem Cemetery

18. (a) Signature of funeral director..... Math Hermann & Son

(b) Address..... MAR 19 1944 12934 East Fair Ave

19. (a) MAR 12 1944 (b) J. J. Brunell
(Date received local file) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... March day..... 17th
year..... 1944 hour..... 3:10 minute..... P. M.

21. I hereby certify that I attended the deceased from..... Feb. 27th
..... 19..... 44 to..... March 17th, 19..... 44

that I last saw h..... im alive on..... March 17th, 19..... 44
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Arteriosclerotic heart disease

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death) 9/8

Major findings:
Of operations.....

Of autopsy..... Refused

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)
Means of injury..... 0

3. Signature..... Frank Fisher (M. D. or other) u. 4
Address..... 1515 Lafayette Date signed..... 3/17/44

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

MOTHER FATHER

844

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 William G. Buchholz

Licensed Embalmer No. 21100

P. O. Address St. Louis, Mo.

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.