No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22401

FILED JUN 24 1944

Registration District No. 1944 Primary Registration District No. 6076 Registrar's No. 1322

1. PLACE OF DEATH:

(a) County: St. Louis
(b) City or town: Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)
In this community Unkn 48 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: - 000
(c) City or town: St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No.: 202 N. Jefferson Ave. 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: - 0

3. (a) PRINT FULL NAME: WILLIAM ALLISON

3. (b) If veteran, name war: World War I

3. (c) Social Security No.: 497-09-0270

4. Sex: Male 2

5. Color or race: Negro

6. (a) Single, widowed, married, divorced: Widowed 3

6. (b) Name of husband or wife: Unknown

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

7. Birth date of deceased: January (Month) 30 (Day) 1896 (Year)

8. AGE: Years 48 | Months 4 | Days 16 | If less than one day ____ hr. ____ min.

9. Birthplace: Springfield (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation: Laborer

11. Industry or business: Unknown

FATHER
12. Name: Charlie Allison
13. Birthplace: Unknown (City, town, or county) Arkansas (State or foreign country) 1

MOTHER
14. Maiden name: Mary Porter
15. Birthplace: Unknown (City, town, or county) Arkansas (State or foreign country) 1

16. (a) Informant: M. Schilling
(b) Address: Cl. Clk., Vet. Adm. Fac., Jeff. Brks. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jun 23 1944 (Month) (Day) (Year)
(c) Place: burial or cremation: Jefferson Barracks Cem. E. St. Louis, Ill.

18. (a) Signature of funeral director: Wm. E. Offer
(b) Address: E. St. Louis, Ill.

19. (a) JUN 20 1944 (Date received local registrar) (b) E. D. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16 year 1944 hour 2 minute 10 A.M.

21. I hereby certify that I attended the deceased from June 13, 1944 to June 16, 1944; that I last saw him alive on June 16, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
HEPATITIS TOXIC, CAUSE UNDETERMINED.	UNKNOWN.
Due to - -	
Due to - -	
Other conditions: NONE (Include pregnancy within 3 months of death)	

Major findings:
Of operations: No operation, 125 lb 2
Of autopsy: No autopsy,

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(c) Accident, suicide, or homicide (specify): No
(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? (Specify type of place)
While at work (Specify yes or no) Means of injury: 0

23. Signature: L. M. Conhran, Lt. Col. M. C. (M. D. or other) C.M.O.
Address: Vet. Adm. Fac., Jeff. Brks. Mo. Date signed: 6-16-44

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 3518

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.