

35002
 10348

State File No.
 Registrar's No.

Registration District No. **318** Primary Registration District No. **1003**

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:
2143 Maury Ave.
 (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..... **Mo.** (b) County.....
 (c) City or town..... **St. Louis.**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **2143 Maury Ave.**
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME **Susan Allen.**
 3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Nov.** day **29th.**
 year **1945** hour **4** minute **00** A. M.

4. Sex **F.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced, **Widowed**
 6. (b) Name of husband or wife..... **William Allen.** 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased..... **March 19, 1866**
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **11/13** to **11/29** 19**45**
 that I last saw her alive on **11/28** 19**45**
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	79	8	10	hr. min.

Immediate cause of death..... **Central hemorrhage** Duration **16 days**
 Due to.....

9. Birthplace **Mo.** (City, town, or county) (State or foreign country)
 10. Usual occupation **At Home.**

Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations.....
 Of autopsy.....

11. Industry or business.....
 12. Name **John Hampton**
 13. Birthplace **Ky.** (City, town, or county) (State or foreign country)
 14. Maiden name **Mary Reed.**
 15. Birthplace **Ky.** (City, town, or county) (State or foreign country)

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

16. (a) Informant **Hazel Stone.**
 (b) Address **2143 Maury Ave.**
 17. (a) **Removal.** (b) Date thereof **11-30-45**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation..... **Canton Mo.**

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?
 (Specify type of place) (Means of injury)

18. (a) Signature of funeral director.....
 (b) Address **3840 Lindell Blvd.**
 19. (a) **NOV 29 1945** (b) **J. F. Brudick** (Registrar's signature)

23. Signature **L. P. Milligan** (M. D. or other)
 Address **2608 S. Kingshighway** Date signed **11/29/45**

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

MOTHER FATHER

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 H Van Matre

Licensed Embalmer No.

2825

P. O. Address

4340 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.