

FILED NOV 17 1945

STANDARD CERTIFICATE OF DEATH

State File No.

2608

Registration District No. 317

Primary Registration District No. 3063

Registrar's No.

1. PLACE OF DEATH:
 (a) County St. Louis County
 (b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 hours
(Specify whether years, months or days)
 In this community 23 Years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town Kirkwood
(If outside city or town limits, write "RURAL")
 (d) Street No. 123 W. Madison
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME ALLISON, David J.
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month November day 13
 year 1945 hour 12 minute 02 a.m.

4. Sex Male 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Maggie Simons
 6. (c) Age of husband or wife if alive 52 years
 7. Birth date of deceased: 3-11-90
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11-12-45
10:10am 1945, to 11-13 12:02am 1945;
 that I last saw him alive on 11-13 1945;
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>8</u>	<u>2</u>	hr. min.

Immediate cause of death: Removal large piece left tibia into shaft
 Due to artery
 Due to 83a-

9. Birthplace Sparta, Illinois
(City, town, or county) (State or foreign country)
 10. Usual occupation Laborer

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

11. Industry or business _____
 12. Name Hohn Allison
 13. Birthplace Scotland
(City, town, or county) (State or foreign country)
 14. Maiden name Anna Hanna
 15. Birthplace Ireland
(City, town, or county) (State or foreign country)

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

16. (a) Informant Wife, Maggie Allison
 (b) Address 123 W. Madison, Kirkwood
 17. (a) Removal (b) Date thereof 11-15-45
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Maussa Alley
 18. (a) Signature of funeral director Louis H. Bopp
 (b) Address Festwood, Mo.
 19. (a) 11-5-45 (b) L. S. Garand
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury _____
 23. Signature Agnes Hendig (M. D. or other)
 Address 601 Chestnut Date signed 11-13-45

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

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2
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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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Felix Klumand

Licensed Embalmer No. 3034

P. O. Address Kirkwood 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.