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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39473**

Registration District No. **318** Primary Registration District No. **100** Registrar's No. **11455**

1. PLACE OF DEATH:  
(a) County **Saint Louis**  
(b) City or town **Saint Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**339 North Taylor**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **St. Louis**  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **339 No. Taylor Ave.**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country.....

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

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Dec** day **23rd**  
year **1945** hour **5** 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.

4. Sex **Female** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **John McAllister**  
6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased **Sept. 21 1862**  
(Month) (Day) (Year)

Immediate cause of death.....  
**Chronic Myocarditis**  
**Chronic Ischemic Heart**  
Due to.....  
Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day  
**83** **3** **2** hr. min.

Major findings:  
Of operations.....  
Of autopsy.....  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

9. Birthplace **St. Louis Missouri**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **at home**

MOTHER FATHER  
11. Industry or business  
12. Name **Wm. G. Ashdown.**  
13. Birthplace **London, England**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Emily Bates.**  
15. Birthplace **England**  
(City, town, or county) (State or foreign country)

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)  
(e) Means of injury.....  
23. Signature **Patricia Taylor** (M.D. or other) **12-27-45**  
Address **Deputy Coroner** Date signed.....

16. (a) Informant **Jennie R. Ashdown**  
(b) Address **339 No. Taylor**  
17. (a) **burial** (b) Date thereof **12-28-45**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Bellefontaine Cemetery**  
18. (a) Signature of funeral director **C.R. Lupton & Sons**  
(b) Address **7233 Delmas Blvd**  
**DEC 27 1945**  
19. (a) **DEC 27 1945** (Date of local registrar) (b) **J. F. Brodeck** (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

2057

JUN 3 1948

OCT 10 1946

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 Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City

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.