

FILED FEB 29 1946
 318

1003

Registration District No. _____ Primary Registration District No. _____

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:
1023 Theobald Ave /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
(Specify whether)
 In this community _____
years, months or days

3. (a) PRINT FULL NAME Thomas Allwell
 3. (b) If veteran, name war None
 3. (c) Social Security No. _____

4. Sex Male
 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Anna L. Linenweber Allwell nee Hamfeld
Age of husband or wife if alive _____ years
 7. Birth date of deceased August 10, 1873
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	72	5	25	hr. _____ min.

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

10. Usual occupation Watchman

11. Industry or business City Water Works

MOTHER FATHER {
 12. Name Patrick Allwell
 13. Birthplace Ireland /
(City, town, or county) (State or foreign country)
 14. Maiden name Not Known
 15. Birthplace England /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna L. Allwell

(b) Address 1023 Theobald Avenue

17. (a) Burial (b) Date thereof 2/7/46
(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 2161 East Fair Avenue

19. (a) FEB 7 1946 (b) J. F. Bredich
(Date received from Registrar) (Registrar's signature)

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. 1023 Theobald Avenue
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb day 4
 year 1946 hour 11:10 minute P. M.

21. I hereby certify that I attended the deceased from Jan 4
1946, to Feb 4 1946
 that I last saw him alive on Feb 4 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Anterular Fibrillation
 Due to Chronic Myocarditis
 Due to Hypertension
 Other conditions 9/12
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy _____

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 H. H. ... (M. D. or other) no.
 Address 8731 Riverside Date signed 2-5-46

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

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

6149

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. 7110 J
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.