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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 24 1948
Registration District No. 317

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21308
State File No.
Registrar's No. 1296

Primary Registration District No. 2068

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Maplewoods
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3428 Commonwealth
(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 Missouri (b) County St Louis
(c) City or town Maplewood
(If outside city or town limits, write "RURAL")
(d) Street No. 3428 Commonwealth
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 11
year 1946 hour 8 minute P.M.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Pauline
6. (b) Name of husband or wife Pauline 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 1876
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 3-5 1944 to June 11 1946
that I last saw him alive on June 11 1946
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
70 11 19 _____ hr. _____ min.

Immediate cause of death Chronic Myocarditis
Duration years

9. Birthplace Harrisonville Illinois
(City, town, or county) (State or foreign country)

Due to _____ 93-d
Due to _____

10. Usual occupation Beer Bottler

Other conditions _____
(Include pregnancy within 3 months of death)

11. Industry or business _____

12. Name George W Allen
13. Birthplace Harrisonville Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Josephine Bruer
15. Birthplace Harrisonville Illinois
(City, town, or county) (State or foreign country)

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

16. (a) Informant Pauline Allen
(b) Address 3428 Commonwealth

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

17. (a) Burial (b) Date thereof June 15, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt Lebanon

(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 _____

18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester
19. (a) 6-17-46 (b) E. S. McDevan
(Date received local registrar) (Registrar's signature)

23. Signature Vincent J. Conners
Address 3101 1/2 Sutton Ave Maplewood Mo. 6. 12-46

JAN 22 1947

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 3454

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

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Manchester

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.