

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 UNITED STATES HEALTH DEPARTMENT
 STANDARD CERTIFICATE OF DEATH

State File No. **31509**

FILED SEP 16 1946

Registration District No. _____ Primary Registration District No. **1003**

Registrar's No. **2718**

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

30350

1. PLACE OF DEATH:
 (a) County _____
 (b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: DePaul Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 weeks
(Specify whether _____)
 In this community _____
years, months or days

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married/
 divorced Married
 6. (b) Name of husband or wife Steve 6. (c) Age of husband or wife if
 alive 82 years
 7. Birth date of deceased Nov. 23 1866
(Month) (Day) (Year)

8. AGE: Years 79 Months 9 Days 14
 If less than one day _____ hr. _____ min.

9. Birthplace Phelps Co., Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name William H. Hargis

13. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Martha N. Blarge

15. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Sam Allen

(b) Address 7609 Weaver, St. Louis

17. (a) Removal (b) Date thereof Sept 6/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rolla, Mo.

18. (a) Signature of funeral director Null & Son

(b) Address Rolla, Mo.

19. (a) SEP 6 1946 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept day 6 1946
 year 1946 hour 3:30 minute 4 M.

21. I hereby certify that I attended the deceased from Aug 18, 1946, to Sept 6, 1946;
 that I last saw her alive on Sept 5, 1946,
 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Gall Bladder with metastasis
 Due to _____
 Due to _____
 Other conditions: _____
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: Exploratory - an above
 Of operations _____
 Of autopsy _____

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) no
 (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)

23. Signature [Signature] (M. D. or other) _____
 Address 602 N 9 road Date signed 9/6/46

SEP 27 1946

FEB 6 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Rex C Campbell
Licensed Embalmer No 3881
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.