

No. 2
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5-17-39
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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. **34893**
9025
Registrar's No. _____

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County St. Louis, Missouri
(b) City or town St. Louis
(c) Name of hospital or institution:
5503a Virginia Ave., 15
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(d) Street No. 5503a Virginia Ave.,
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John R. Allen
3. (b) If veteran, name war None 3. (c) Social Security No. None
4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 16, 1874 1875
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 20th
year 1946 hour 02 minute 15a. M.
21. I hereby certify that I attended the deceased from Sept 1946
to 19 Oct 1946
that I last saw him alive on 20 Oct 1946
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
71 72- 7 4 hr. min.

Immediate cause of death Degenerative myocarditis
Cerebral Arterio sclerosis
Due to _____
Due to _____
Other conditions none
(Include pregnancy within 3 months of death)

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

10. Usual occupation None
11. Industry or business _____
12. Name George W. Allen
Birthplace Ohio
Maiden name May Tyler
Birthplace Kentucky

Major findings:
Of operations none
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

13. (a) Informant George F. Allen
Address 5503a Virginia Ave.,
Burial (b) Date thereof 10-23-46
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____
(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 _____

14. Place: burial or cremation Park Lawn Cemetery
15. Signature of funeral director Southern Funeral Home
Address 6322 South Grand Blvd.
16. (a) Signature J. F. Predeck
(Date) (City) (State) (Year) (Registrar's signature)

23. Signature Charles A. Nester (M. D. or other) _____
Address 5300 S. Empata Date signed 10 Oct 46

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

MOTHER FATHER
BY AFF. Halward Allen
COP. BY 607
607

Dr. Neeter
439 Bates St 1063
to 2.

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

J. Wm. Dumbly

Licensed Embalmer No.

3653

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of mo
County City of St. Louis } ss.

State File No.
Local Registrar's No. 9025

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 30 day of Oct., 1946, before me appears George F. Allen, who, upon his oath, states that the original record of birth for John R. Allen died 10-20, 1946 in the State of Missouri, and which was filed at on 19....., should be corrected as follows:

Item No. 7 should read March 16 - 1875
Instead of " 10 - 1874

Item No. 8 should read age 71
Instead of 72

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.
(SEAL) Affiant George F. Allen Informant Relationship.

5503rd Virginia ave
Present Address.

Subscribed and sworn to before me this 30 day of October, 1946.

My Commission expires 3-4-49. Earl C. Feltrock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

34893