

FILED JAN 7 1947

Registration District No. **318**

Primary Registration District No. **1003**

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:
3868 Labadie Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... ? (Specify whether
years, months or days)

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. 3868 Labadie Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Mary Ann (Mayme) Allen

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Female / race White 5. Color or

6. (b) Name of husband or wife ABensw. Allen 6. (c) Age of husband or wife if
alive..... years

7. Birth date of deceased August 16, 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 4 12 hr. min.

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

10. Usual occupation Housework

11. Industry or business.....

12. Name Alex Haag

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

14. Maiden name Philomine Schmidt

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

16. (a) Informant Miss Mary Ann Allen

(b) Address 3868 Labadie Ave.

17. (a) Burial (b) Date thereof Dec. 21, 1946.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director Calvin F. Feutz

(b) Address 4828 Natural Bridge Blvd.

19. (a) DEC 20 1946 (b) J. F. Bredest
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 18th
year 1946 hour 2:15 minute P. M.

21. I hereby certify that I attended the deceased from Dec 21 1946 to Dec 18 1946
that I last saw him alive on Dec 16 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia Duration 3 days
Due to General Carcinomatous Injery

Due to Carcinoma of Cervix
Uteri Grade 3 Duration 4 years

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

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

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 J. M. Rordan (M. D. or vet.)
Address 1500 Olive St Date signed 12/20/46

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

40894

Foster Reley
1-3 Quincy
4500 Olive

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 *John A. Minner*
Licensed Embalmer No. *4186*
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.