

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

2211

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 634

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital - Max C. Starkloff Memorial
(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 _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 2928 S. 13th ST.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME

AMELIA ALLERS

3. (b) If veteran, name war None

3. (c) Social Security No. _____

4. Sex Female 5. Color or race W
 6. (a) Single, widowed, married, divorced divorced
 6. (b) Name of husband or wife husband 6. (c) Age of husband or wife if alive 44 1/2 years
 7. Birth date of deceased July 21 1877
(Month) (Day) (Year)

8. AGE: Years 69 Months 5 Days 27
 If less than one day _____ hr. _____ min.

9. Birthplace Gardonsville - Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business None

MOTHER FATHER { 12. Name Charles Allers
 13. Birthplace Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Friedrich Neens, 1871
 15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Richard Quade
 (b) Address 2928 S. 13th ST.

17. (a) Burial (b) Date thereof Jan. 21, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedrich Cemetery

18. (a) Signature of funeral director Wm. B. L. & Co.
 (b) Address 2929 S. Jefferson Ave

19. (a) JAN 20 1947 (b) J. F. Predeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 17th
 year 1947 hour 1:25 minute P M.
 21. I hereby certify that I attended the deceased from 1/14/47
 _____, 19____, to 1/17/47, 19____;
 that I last saw h. or alive on 1/17/47, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
 Due to _____

Due to _____
 Other conditions 101
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____

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? No (Specify type of place) _____
 (a) Cause of injury _____
 23. Signature W. B. L. & Co. 1515 Lafayette 1/17/47
(Date signed) (or other)
 Address _____ Date signed _____

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

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. M. Davis

Licensed Embalmer No. 3741

P. O. Address 2929 1/2 Jefferson Ave

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.