

FILED JUN 13 1947 318

Registration District No.

Primary Registration District No.

1003

5464

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:
St. Louis Maternity Hospital
(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)

3. (a) PRINT FULL NAME Infant Allen

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

4. Sex Male 2 5. Color or race negro 6. (a) Single, widowed, married, divorced _____

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

7. Birth date of deceased May 10 47
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 1 hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Floyd McKensie Allen

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

14. Maiden name Christine Williams

15. Birthplace Canfield Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Floyd McKensie Allen

(b) Address 23 A. North Jefferson

17. (a) Anatomical Board (b) Date thereof JUN 2 1947
(Burial, cremation, or removal) (Day) (Year)
Anatomical Board

(c) Place: burial or cremation _____

18. (a) Signature of funeral director W. Richter

(b) Address 3500 Lauder

19. (a) JUN 2 1947 (b) J. Z. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 23 A. North Jefferson
21 (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11
year 47 hour 1:00 minute _____ A. M.

21. I hereby certify that I attended the deceased from 11:59 P.M.
10 May 1947, to 12:11 P.M. 1947;
that I last saw him alive on 11 May 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death ASPHYXIA Duration 1 hr.

Due to atelectasis

Due to diaphragmatic Hernia

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

Major findings: Of operations _____

Of autopsy Pneumothorax
Diaphragmatic Hernia

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 F. Ross Mofadd (M.D. or other) _____

Address 630 S. Kingshighway Date signed 5-17-47

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

MOTHER FATHER

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.....

Licensed Embalmer No.....

P. O. Address.....

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.