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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 27 1947

Registration District No. 317

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3-069-076

State File No. 19656

Registrar's No. 1060

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Overland
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wright Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community 9-Years

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

3. (a) PRINT FULL NAME Ethan F. G. Allen
3. (b) If veteran, name war None
3. (c) Social Security No. 493-09-2462
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Hester
6. (c) Age of husband or wife if alive Ded. years
7. Birth date of deceased Jan (Month) 16 (Day) 1892 (Year)
8. AGE: Years 55 Months 3 Days 26 If less than one day ____ hr. ____ min.
9. Birthplace Warsaw (City, town, or county) Ill. (State or foreign country)
10. Usual occupation Machinist
11. Industry or business MacDonnell Aircraft Corp.
MOTHER FATHER
12. Name Ethan Allen
13. Birthplace ____ (City, town, or county) Ill. (State or foreign country)
14. Maiden name Henrietta Hartman
15. Birthplace ____ (City, town, or county) Ill. (State or foreign country)
16. (a) Informant Ethan B. Allen
(b) Address Overland, Mo. R#7 Box 525
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-15-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Mount Lebanon Cemetery
18. (a) Signature of funeral director Baumann Bros. Inc.
(b) Address 2504-Woodson Rd-Overland-14-Mo.
19. (a) 5-26-47 (Date received local registrar) (b) Cecil A. Sharpe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12 year 1947 hour ____ minute ____ M.
21. I hereby certify that I attended the deceased from ____, 19____, to ____, 19____; that I last saw h. ____ alive on ____, 19____; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Cause unknown	
Due to	
Due to	
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 Cecil A. Sharpe M. D. ~~coroner~~
Address Commissioner of Health Date signed 5-21-47

(Licensed Embalmer's Statement on Reverse Side)

JUN 9 1947

JUN 3 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. Don Marler

Licensed Embalmer No. 4430

P. O. Address. Overland 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.**