

No. 2
12-45
-17-39
X47370

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39380

FILED DEC 15 1947

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11037

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:
6843 Arthur Avenue /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 30 years
years, months or days) (Specify whether)

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. 6843 Arthur Avenue
3 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Mr. Kenneth H. Allen

3. (b) If veteran, name war World War 1
3. (c) Social Security No. 498-05-2140

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Mrs. Winnie Walker Allen
6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased February 22, 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 9 9 hr. min.

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

10. Usual occupation Pressman

11. Industry or business Electric Company

12. Name William C. Allen

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

14. Maiden name Mary J. Millner

15. Birthplace Iuka Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Winnie Allen

(b) Address 6843 Arthur Avenue

17. (a) ~~Removal~~ (b) Date thereof Dec. 3, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chester, Illinois

18. (a) Signature of funeral director Beiderwieden F. H. Inc.

(b) Address 1936 St. Louis Avenue

19. (a) DEC 2 - 1947 (b) J. F. Bradock
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 1st
year 1947 hour 4 minute 55 A.M.

21. I hereby certify that I attended the deceased from Nov 22
1947 to Dec 1 1947;
that I last saw him alive on Nov 30 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure Duration ?

Due to Hypertensive Cardio-vascular disease ?

Due to.....

Other conditions (Include pregnancy within 3 months of death) 9/2

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. Kelly M.D. (M. D. or other)

Address 3284 Ivanhoe St. Louis Mo. Date signed 12-1-47

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

MOTHER FATHER

Dr. R. Keller
3284 Sumner

Ht. 2502 10-13
6:30-7

MAR 11 1955

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.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed.....

John W. King

Licensed Embalmer No.....

3730

P. O. Address.....

1936 W. Grand St.

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.