S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40470

FILED DEC 8 1947

Registration District No. 817

Primary Registration District No. 6076

Registrar's No. 2481

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: Normandy
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3301 Welsberg Dr.
(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: St. Louis

(c) City or town: Normandy
(If outside city or town limits, write "RURAL")

(d) Street No.: 3301 Welsberg Dr.
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME: Roland D. Allred

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex: male

5. Color or race: white

6. (a) Single, widowed, married, divorced: married

6. (b) Name of husband or wife: Fannie Ella Allred

6. (c) Age of husband or wife if alive: 76 years

7. Birth date of deceased: Feb. (Month) 12 (Day) 1871 (Year)

8. AGE:	Years	Months	Days	If less than one day
	79	9	17	..... hr. ..... min.

9. Birthplace: North Carolina
(City, town, or county) (State or foreign country)

10. Usual occupation: Night Watchman

11. Industry or business: retired

FATHER
12. Name: Unknown
13. Birthplace: Unknown
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Ella Allred
(b) Address: 3301 Welsberg Dr.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 12/2/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Laurel Hill Gardens

18. (a) Signature of funeral director: Drehmann-Harral
(b) Address: 1905 Union Blvd.

19. (a) 12-2-47 (Date received local registrar) (b) Beulah Haynes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 29th year 1947 hour 10:30 minute A.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.

Immediate cause of death	Duration
penetrating self-administered gunshot wound of right side of head	
Due to	
164	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations .....

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): Suicide

(b) Date of occurrence: Nov. 29, 1947

(c) Where did injury occur? Carsonville, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? ..... Means of injury: Gunshot wound

23. Signature: Arnold J. Willmann Coroner (M. D. or other)

Address: Clayton, Mo. Date signed: 12/1/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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.....Albert R. Thompson Jr.

Licensed Embalmer No.....42037

P. O. Address.....St. Louis

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.