. S. No. 2
OM—1/47
ev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43727

FILED DEC 31 1947

Registration District No. 317 Primary Registration District No. 2002 Registrar's No. 2708

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

96
3
5

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: residence - 1067 Ferguson Avenue
(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 96

(c) City or town University City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1067 Ferguson Avenue 5
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME GEORGE W. ALLEN

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Eva C. Wheaton

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

7. Birth date of deceased December (Month) 3 (Day) 1865 (Year)

8. AGE:

Years	Months	Days	If less than one day
82	0	25	..... hr. ..... min.

9. Birthplace Reedsville (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation retired - conductor

11. Industry or business St. Louis Public Service

FATHER
12. Name David P. Allen
13. Birthplace unknown (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Nancy Ellis
15. Birthplace unknown (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant David P. Allen
(b) Address 1067 Ferguson Ave., U. City, Mo.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 12-31-47 (Month) (Day) (Year)
(c) Place: burial or cremation Bunker Hill, Illinois

18. (a) Signature of funeral director C. R. Lupton & Sons
(b) Address 7233 Delmar Blv'd., U. City

19. (a) 12-30-47 (Date received local registrar) (b) Cecil A. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 28th year 1947 hour 2:00 minute P. M.

21. I hereby certify that I attended the deceased from Dec. 28-47, 19..., to Dec. 28, 1947 that I last saw him alive on Dec. 28, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Hypertension

Due to 94

Other conditions ..... (Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

Duration

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) .....

(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? ..... (Specify type of place)

While at work? ..... (e) Means of injury 0

23. Signature S. H. Hill (M. D. or other)

Address 4903 Delmar Date signed 4/29/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Dr. T. H. Hale
4903 Delmar Blv'd.,
RO-1471.

1-4.
Tus & P.M.
116 No Central

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 Raymond L. Morris

Licensed Embalmer No. 4330

P. O. Address Maplewood, 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.