No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3398

FILED FEB 9 1948

Registration District No. 1948

Primary Registration District No. 2062

Registrar's No. 296

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

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: /
(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 5 3
(If outside city or town limits, write "RURAL")
(d) Street No. 7001 Waterman Avenue 5
(If rural, give location) 0
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ALLEN, Nellie F.
3. (b) If veteran, name war No.
3. (c) Social Security No. No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married /
6. (b) Name of husband or wife William H. Allen
6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased August (Month) 27 (Day) 1870 (Year)

8. AGE: Years 77 Months 5 Days 4 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation At Home
11. Industry or business
FATHER
12. Name John F. Fritz
13. Birthplace Baden-Baden (City, town, or county) Germany (State or foreign country) 4
MOTHER
14. Maiden name Harriet White
15. Birthplace Warrensburg (City, town, or county) Missouri (State or foreign country) 0
16. (a) Informant William H. Allen
(b) Address 7001 Waterman Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-3-48 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery
18. (a) Signature of funeral director Robert J. Ambruster, Inc.
(b) Address Clayton Rd. at Concordia Lane
19. (a) 2-2-48 (Date received local registrar) (b) Carl A. J. Shaw MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Febuary day 1
year 1948 hour 10 minute 30 M.
21. I hereby certify that I attended the deceased from April, 1940 to Feb 1, 19..;
that I last saw her alive on 2-1, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardio-renal disease	1 year
Due to Chronic Hypertension	5 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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 Carl L. Brand (M. D. or other)
Address Webster Groves Mo. Date signed 2/1/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

APR 23 1945

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 Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, 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.