

FILED MAR 11 1948

Registration District No. **318** Primary Registration District No. **1003**

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:
4016 Shenandoah Ave.
(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)

3. (a) PRINT FULL NAME **Carrol Allen**
 3. (b) If veteran, name war..... 3. (c) Social Security No.

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **married**
 6. (b) Name of husband or wife **Dora** 6. (c) Age of husband or wife if alive **69** years
 7. Birth date of deceased **May 10, 1862**
(Month) (Day) (Year)

8. AGE:
 Years **85** Months **9** Days **18** If less than one day
hr. min.

9. Birthplace **Alexander County, Illinois**
(City, town, or county) (State or foreign country)
 10. Usual occupation **Retired railroad man**

11. Industry or business.....
 12. Name **James Allen**
 13. Birthplace **Illinois**
(City, town, or county) (State or foreign country)
 14. Maiden name **Mathilda Jordan**
 15. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **Dora Allen**
 (b) Address **4016 Shenandoah Ave.**

17. (a) **Burial** (b) Date thereof **3/1/1948**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Lake Charles Cem.**

18. (a) Signature of funeral director **Tom Schumacher**
 (b) Address **3013 Meramec St.**

19. (a) **MAR 1 1948** (b) **J. J. Prebeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Madison**
 (c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
 (d) Street No. **4016 Shenandoah Ave.**
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **February** day **28**
 year **1948** hour **1:06** minute **A.** M.

21. I hereby certify that I attended the deceased from **Oct - 4**, 19**47**, to **Feb - 28**, 19**48**
 and that I last saw him alive on **Feb 27**, 19**48**
that I last saw h.i.m. alive on..... and that death occurred on the date and hour stated above.

Inmediate cause of death **Sp. Myocarditis**
Senility
 Due to.....

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

Major findings: Of operations.....
 Of autops:.....
 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 **G**

23. Signat **Edgar Dand** (M. D. or other) Date signed **3/28/48**
 Address **5919 E. Kingsley Hwy**

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

MOTHER FATHER

2919 Dr. W. Campbell

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 Francis Williamson
Licensed Embalmer No. 3565
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.