S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

5985

State File No. 5985

FILED FEB 20 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5985

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

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: Homer G Phillips Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 month 5 (Specify whether

In this community unknown (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0 a 0

(c) City or town St. Louis 17 (If outside city or town limits, write "RURAL")

(d) Street No. 2323 Market St 9 (If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Ed Allen

3. (b) If veteran, name war none

3. (c) Social Security No. unknown

4. Sex male 2

5. Color or race colored

6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased July (Month) 4 (Day) 1892 (Year)

8. AGE: Years 55 Months 6 Days 28 If less than one day hr. min.

9. Birthplace (City, town, or county) Tenn. Tenn (State or foreign country) 1

10. Usual occupation labor

11. Industry or business

FATHER
12. Name unknown
13. Birthplace (City, town, or county) unknown (State or foreign country) 9

MOTHER
14. Maiden name unknown
15. Birthplace (City, town, or county) unknown (State or foreign country) 9

16. (a) Informant Necy Watkins

(b) Address 2212 Walnut St.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2/6/1948 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Dunn Funeral Home

(b) Address 215 So. Jefferson Ave.

19. (a) FEB 4 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 2 year 1948 hour 7 minute 45 A M.

21. I hereby certify that I attended the deceased from Jan. 7, 1948 to Feb. 2, 1948 that I last saw him alive on Feb. 2, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lobar Pneumonia, left	Undet.
Due to	
Due to	
Other conditions: Cardiac Decompensation (Include pregnancy within 3 months of death)	
Benign Hypertrophy of Prostate	
Major findings: Of operations	
Of autopsy No	

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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) 0

While at work? (e) Means of injury

23. Signature Oscar L Daniels (M. D. or other)

Address 2601 N. Whittier Date signed 2/3/48

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 S J Watson

Licensed Embalmer No. 269

P. O. Address 2769 Choutea

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.