No. 2
-1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 24 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7235

Registration District No. 5248 — Primary Registration District No. 3063 — Registrar's No. 391

1. PLACE OF DEATH:
(a) County: St. Louis County
(b) City or town: Clayton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 mo. 18 days (Specify whether years, months or days)
In this community: 14 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: St. Louis Co.
(c) City or town: Wellston (If outside city or town limits, write "RURAL")
(d) Street No.: 6334 Wagner (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Lottie Allen
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Female
5. Color or race: Colored
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Otto Allen
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Dec. (Month) 31 (Day) 1885 (Year)
8. AGE: Years 62 Months 1 Days 9 If less than one day hr. min.
9. Birthplace: Washington (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Nil.
11. Industry or business:
12. Name (Father): Wm. Palmer
13. Birthplace (Father): Washington (City, town or county) Mo. (State or foreign country)
14. Maiden name (Mother): Rachel Wallace
15. Birthplace (Mother): Washington (City, town, or county) Mo. (State or foreign country)
16. (a) Informant: Susie Chapman
(b) Address: 6334 Wagner
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-16-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Valley Chapel
18. (a) Signature of funeral director: Lee J. Smead
(b) Address: 3615-17 Easton Ave.
19. (a) 2-11-48 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Feb. day: 10 year: 1948 hour: 8 minute: 10 A.M.
21. I hereby certify that I attended the deceased from Nov. 22, 1947 to Feb. 8, 1948 that I last saw her alive on Feb. 8, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of uterus c spread.	3 mo.
Due to: 48	
Due to:	
Other conditions: Uremia; arteriosclerosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy: Carcinoma of uterus

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:
23. Signature: [illegible] Jr. (M. D. or other)
Address: 601 Brentwood Blvd. Date signed: 2-10-48

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 Teoffice C. Cooper, Registered Apprentice No. 505, working under my personal supervision.

Signed James Pyatt

Licensed Embalmer No. 4441

P. O. Address 2829 Washington

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.