

No. 300  
1-10-47  
5-17-39  
P 3905

FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
#84222  
FILED JUN 7 1948  
318

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

17353  
State File No. 4828  
Registrar's No.

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County St. Louis, Mo.  
(b) City or town St. Louis  
(c) Name of hospital or institution: St. Louis City Hospital - Max C. Starkloff Memorial  
(d) Length of stay: In hospital or institution (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(d) Street No. 5518a Wren Avenue  
(e) Citizen of foreign country? NO (Yes or No)

3. (a) PRINT FULL NAME ELANORE ALLEN

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife Ward W. Allen, 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased OCTOBER 11, 1895 (Month) (Day) (Year)

8. AGE: Years 52 Months 7 Days 13 If less than one day hr. min.

9. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business -----

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

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

16. (a) Informant Elmer H. Allen (b) Address 5518 a Wren Avenue

17. (a) Burial (b) Date thereof 5-27-48 (c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director N. A. Stock (b) Address 2117 E. Grand Blvd.

19. (a) (b) J. F. Braddock (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 24th year 1948 hour 1 minute 25 P. M.  
21. I hereby certify that I attended the deceased from 3/30/48 to May 24th 1948 that I last saw h. AL alive on May 24th 1948 and that death occurred on the date and hour stated above.

Immediate cause of death PNEUMONIA - HYDROURETER - BILAT. Duration 12 MO.

Due to CARCINOMA OF CERVIX 6 MO.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Of autopsy PNEUMONIA + HYDROURETER BILAT - CA OF CERVIX

PHYSICIAN Underline the cause to 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?

While at work? (Specify type of place) (e) Means of injury  
23. Signature Leo A. Hall (M.D. Registrar) 1515 Lafayette Date signed 5/24/48

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

MOTHER FATHER

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.....

*Frank A. Moore*

Licensed Embalmer No. 3041

P. O. Address. 2117 E. Grand

**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.**