

6-300
10-47
17-39
1-3905

Registration District No. 318 Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County.....
(b) City or town..... St. Louis
(c) Name of hospital or institution:
3127 Locust St. /
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days

3: (a) PRINT FULL NAME..... Charles Allen
3. (b) If veteran, name war..... No
3. (c) Social Security No. None

4. Sex..... Male
5. Color or race..... White
6. (a) Single, widowed, married, divorced..... Married
6. (b) Name of husband or wife..... Effie Allen
6. (c) Age of husband or wife if alive..... 84 years
7. Birth date of deceased..... December 15 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 6 15 hr. min.

9. Birthplace..... Illinois /
(City, town, or county) (State or foreign country)

10. Usual occupation..... Salesman

11. Industry or business.....
12. Name..... Archie Allen
13. Birthplace..... Kentucky /
14. Maiden name..... Emily Owen
15. Birthplace..... Iowa /
(City, town, or county) (State or foreign country)

16. (a) Informant..... Mrs. Effie Allen
(b) Address..... 3127 Locust St.
17. (c) Burial (b) Date thereof..... 7-2-48
(c) Place: burial or cremation..... Valhalla Cemetery
18. (a) Signature of funeral director..... Fred M. Williams
(b) Address..... 4535 Washington Blvd.

19. (a) JUL 1 1948 (b) J. F. Braddock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State..... Missouri (b) County.....
(c) City or town..... St. Louis
(d) Street No..... 3127 Locust St.
(e) Citizen of foreign country?.....
If yes, name country.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month..... June day..... 30
year..... 1948 hour..... 6 minute..... a.M.
21. I hereby certify that I attended the decedent from Dec 9 1946 to June 30 1948
that I last saw him live on June 6 1948 and that death occurred on the date and hour stated above.

Immediate cause of death..... Carcinoma of Prostate
Due to..... 51
Due to.....
Other conditions..... arterio-sclerotic heart disease
Major findings:
Of operations.....
Of autopsy.....

22. If death was due to external causes, fill in the following:
(c) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?.....
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
23. Signature..... H. F. Bergman M.D.
Address..... 3520 Washington Date signed..... 7/1/48

20. 1. 1924
Brag
m...

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 Henry M. Brammer

Licensed Embalmer No. 4300

P. O. Address St. Louis.

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.