

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21977

State File No. ....

FILED JUL 7 1949

BIRTH NO. ....		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3069</u>		Registrar's No. <u>1351</u>		
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Richmond Heights</u>			c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>Richmond Heights</u>			d. STREET ADDRESS (If rural, give location) <u>1343a Woodland Dr.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1343a Woodland Dr.</u>								
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sarah</u>		b. (Middle) <u>Louise</u>		c. (Last) <u>Allison</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 3, 1949</u>		
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>May 9, 1859</u>		9. AGE (In years last birthday) <u>90</u>	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Canada</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>Peter Schattgen</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Fisher</u>		14. NAME OF HUSBAND OR WIFE <u>William A. Allison</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Peter Splan - 4972 Odell</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chr. Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Sensitivity</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>93d</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>Apr. 1948</u> to <u>June 3, 1949</u> , that I last saw the deceased alive on <u>May 29, 1949</u> and that death occurred at <u>5:40 P.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Edmund Hilbering M.D.</u>				23b. ADDRESS <u>3903 Olive St. Louis 8</u>		23c. DATE SIGNED <u>6-4-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>6/8/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Peter's</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>6-6-49</u>		REGISTRAR'S SIGNATURE <u>Theresa L...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Drehmann-Harral - 1905 Union Blvd.</u>				

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

96  
8  
3

96  
8  
3

Dr. Edward Helpling (1-3)

3903 Olive

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Warren A. Carter

Licensed Embalmer No. 353x

P. O. Address \_\_\_\_\_

**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.