

FILED SEP 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27824

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7527

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY <i>DCU</i>	
b. CITY OR TOWN <i>St. Louis</i>		c. CITY OR TOWN <i>St. Louis</i>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <i>76 - 3510 Miami</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>3510 Miami</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>Mrs. E.</i> b. (Middle) <i>O.</i> c. (Last) <i>Allen</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>8 29 49</i>
5. SEX <i>F.</i>	6. COLOR OR RACE <i>W.</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>6 23 1893</i>
9. AGE (In years last birthday) (Months) (Days) <i>56 I 7</i>		10. IF UNDER 25 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <i>SEARCY ARK.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Burton</i>		13b. MOTHER'S MAIDEN NAME <i>Unknown</i>	
14. NAME OF HUSBAND OR WIFE <i>Mr. E. O. Allen</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <i>E.O. Allen Jr.</i>		ADDRESS <i>Little Rock Ark.</i>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, atherosclerosis, etc. It means the disease, injury, or complication which caused death.</i>			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <i>Hemorrhage due to cut throat severing the larger vessels</i>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES <i>As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		DUE TO (b) <i>in the neck, self-inflicted with knife in his hands, on</i>	
DUE TO (c) <i>at about Aug 29 1949.</i>			
II. OTHER SIGNIFICANT CONDITIONS <i>exact time unknown</i>			
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>Suicide</i>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) <i>Suicide</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Street</i>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>St. Louis Mo. 644</i>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>Aug 29 49 3 m.</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <i>DOO</i>		<i>E977X</i>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>9:07 A.M.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>Cathie E. Taylor</i> (Degree or title) <i>Car 2</i>		23b. ADDRESS <i>1200 Clark</i>	
23c. DATE SIGNED <i>8-30-49</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>8 31 49</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>ROSE LAWN</i>		24d. LOCATION (City, town, or county) (State) <i>Little Rock Ark.</i>	
DATE REC'D BY LOCAL REG. <i>AUG 30 1949</i>		REGISTRAR'S SIGNATURE <i>J B Sasser</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Wingbermuehle F. H.</i>		ADDRESS <i>3819 S. Grand</i>	

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

SEARCH
PER

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 Van. M. Sizemore

Licensed Embalmer No. 4343

P. O. Address St Louis Mo

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. SEARCH PER