

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39576**  
Registrar's No. **4462**

FILED DEC 6 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3069**

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

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Mo.</b> b. COUNTY <b>ST. LOUIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Richmond Hts.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Richmond Hts.</b>	
c. LENGTH OF STAY (In this place) <b>35 Yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>1340 Yale Ave.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1340 Yale Ave.</b>		e. STREET ADDRESS (If rural, give location) <b>1340 Yale Ave.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>ARY</b> b. (Middle) <b>M.</b> c. (Last) <b>ALLEN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 20 1949</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>Aug. 26, 1886</b>		9. AGE (In years last birthday) <b>63</b>		IF UNDER 1 YEAR Months <b>2</b> Days <b>24</b> Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Employee of</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Union Electric</b>		11. BIRTHPLACE (State or foreign country) <b>McKinney, Texas</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>					

13a. FATHER'S NAME <b>John H. Allen</b>		13b. MOTHER'S MAIDEN NAME <b>Laura H. Cullom</b>		14. NAME OF HUSBAND OR WIFE <b>Agnes Zepp</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) <b>Yes World War I</b>		16. SOCIAL SECURITY NO. <b></b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Agnes Zepp Allen 1340 Yale Ave.</b>	

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) <b>Coronary Thrombosis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>4 mo</b>
		ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <b>Arteriosclerosis</b>			
		DUE TO (c) <b></b>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>4 2A1</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>None</b>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>420.1</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 **7/18**, 1949, to **10/11**, 1949, that I last saw the deceased alive on **10/11**, 1949, and that death occurred at **5:10 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Charles C. Grace, M.D.</b>		23b. ADDRESS <b>19 E. Lockwood</b>		23c. DATE SIGNED <b>11/21/49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Nov. 23, 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Nat'l. Cem. Jeff. Bks. Md.</b>	
		24d. LOCATION (City, town, or county) (State) <b>Jefferson Barracks, Mo.</b>			

DATE REC'D BY LOCAL REG. <b>11-21-49</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Donke, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Kriegshauser 4228 S. Kingshighway B1</b>	
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RECEIVED  
DEC 10 1941

192 Lockwood 2-4

No. 3100

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**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 Richard W. Stovessand

Licensed Embalmer No. 4007

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.