

FILED AUG 29 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28544  
7159

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dr. Louis 100  
c. LENGTH OF STAY (In this place) \_\_\_\_\_  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dr. Louis  
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Dr. Kettner  
d. STREET ADDRESS (If rural, give location) 1442 N. 172259

3. NAME OF DECEASED  
a. (First) Allen b. (Middle) Jayne c. (Last) \_\_\_\_\_  
4. DATE OF DEATH (Month) (Day) (Year) 8 4 50

5. SEX Male 6. COLOR OR RACE Negro 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married 8. DATE OF BIRTH Apr 1903 9. AGE (In years last birthday) 47 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Butcher 10b. KIND OF BUSINESS OR INDUSTRY Meat 11. BIRTHPLACE (State or foreign country) Mo 12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Wick 13b. MOTHER'S MAIDEN NAME Wick 14. NAME OF HUSBAND OR WIFE Wick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or, of unknown) (If yes, give type or dates of service) Wick 16. SOCIAL SECURITY NO. Wick 17. INFORMANT'S SIGNATURE OR NAME ADDRESS J. E. Taylor 1300 Clark

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, asphyxia, etc. It means the disease, injury, or complication which caused death.  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Internal External Hemorrhage  
ANTECEDENT CAUSES following that round of splen-Left Kidney  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last  
Suffered when stabbed with butcher knife in  
II. OTHER SIGNIFICANT CONDITIONS (col)  
Hands of one, John Elder, near car of

19a. DATE OF OPERATION Meat 19b. MAJOR FINDINGS OF OPERATION about 11:30 P.M. August 3 1950 20. AUTOPSY? YES  NO

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) Homicide 21b. PLACE OF INJURY (e.g., in or about home, factory, street, public building, etc.) Street 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Dr. Louis MO

21d. TIME OF INJURY (Month) (Day) (Year) 8 3 50 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? Stabbing

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 \_\_\_\_\_, from the causes and on the date stated above.

23. SIGNATURE (Degree or title) Wick 23b. ADDRESS 1300 Clark 23c. DATE SIGNED 8/16/50

24a. BURIAL, CREMATION, REMOVAL (Specify) \_\_\_\_\_ 24b. DATE AUG 25 1950 24c. NAME OF CEMETERY OR CREMATORY Anatomical 24d. LOCATION (City, town, or county) (State) \_\_\_\_\_

DATE REC'D BY LOCAL REG. AUG 23 1950 REGISTRAR'S SIGNATURE J. B. Foster 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Rowland Mortuary Service Inc. 4104 Manchester Ave. St. Louis 10, Mo.

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

1242

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~~ by Student  
at College of Mortuary Science  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed Ralph W. Henson

Licensed Embalmer No. 3791

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.