S. No. 300
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Register #85036

THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 32146

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2297

**1. PLACE OF DEATH**
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEFFERSON BRKS, MO.
c. LENGTH OF STAY (in this place): 144 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETERANS ADMINISTRATION HOSP

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: ST. LOUIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): So. KINLOCH 4090
d. STREET ADDRESS (If rural, give location): SCUDDER & LIX

**3. NAME OF DECEASED** (Type or Print)
a. (First): ERNEST
b. (Middle): (NMI)
c. (Last): ALLEN

**4. DATE OF DEATH** (Month) (Day) (Year): SEPT. 23RD 1950

**5. SEX**: MALE
**6. COLOR OR RACE**: NEGRO
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): MARRIED
**8. DATE OF BIRTH**: 5-7-89
**9. AGE** (In years last birthday): 61
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): LABORER
**10b. KIND OF BUSINESS OR INDUSTRY**: - - - - - -
**11. BIRTHPLACE** (State or foreign country): HOPKINSVILLE, KENTUCKY
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: GILFRED ALLEN
**13b. MOTHER'S MAIDEN NAME**: ROSE EVANS
**14. NAME OF HUSBAND OR WIFE**: MARVEL

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): YES
(If yes, give war or dates of service): WW I
**16. SOCIAL SECURITY NO.**: UNKNOWN
**17. INFORMANT'S SIGNATURE OR NAME**: VA HOSPITAL RECORDS
ADDRESS:

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) UREMIA — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) NEPHRITIS
DUE TO (c) DIABETES MELLITUS

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*
26DX

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
21 X
**20. AUTOPSY?** YES [X] NO [ ]

**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 [ ] NOT WHILE AT WORK [ ]
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 5-2-50, 19__, *to* 9-23-50, 19__ *and that death occurred at* 10:15P *m., from the causes and on the date stated above.*

**23a. SIGNATURE**: [signature] (Degree or title): MD
**23b. ADDRESS**: VAH, JEFFERSON BRKS, MO.
**23c. DATE SIGNED**: 9-26-50

**24a. BURIAL, CREMATION, REMOVAL** (Specify): BURIAL
**24b. DATE**: Sept. 30, 50
**24c. NAME OF CEMETERY OR CREMATORY**: NATIONAL Cemetery
**24d. LOCATION** (City, town, or county) (State): Jefferson Barracks, M.

DATE REC'D BY LOCAL REG.: SEP 26 1950
REGISTRAR'S SIGNATURE: [signature]
**25. FUNERAL DIRECTOR'S SIGNATURE**: Bard Bros.
ADDRESS: So. Kinloch

(Licensed Embalmer's Statement on Reverse Side)

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

## 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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Edward A. Flynn

Signed.....
Student Embalmer

Licensed Embalmer No. 4444

P. O. Address 4548 Page

**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.