

FILED OCT 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34548
8418

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis 2109</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>W.R. Taylor & Phillips</u>		e. STREET ADDRESS (If rural, give location) <u>4162 Lexington</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Barry</u> b. (Middle) <u>Jr.</u> c. (Last) <u>Allen</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct - 4 - 50</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	
8. DATE OF BIRTH <u>3/14/48</u>		9. AGE (In years last birthday) <u>2</u>		IF UNDER 1 YEAR Months Days <u>2</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>Mo</u>		13a. FATHER'S NAME <u>Chas. J. Allen</u>		13b. MOTHER'S MAIDEN NAME <u>Laris Thomas</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Laris Allen</u>		ADDRESS <u>4162 Lexington</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, asthenia, etc. It means the disease, injury, or complication which caused death.					
MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		1° 2° & 3° degree burns of entire body suffered while burning in home 4162 Lexington Ave about 2:17 pm Oct 4 1950			
ANTECEDENT CAUSES		DUE TO (b) when home ignited from oven heated gas oven damage to Blq #2000... B 500... Beantubs			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Accident</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct 4 50 7:17 pm</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>EG/60</u>	
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 <u>2:17 p.m.</u> , from the causes and on the date stated above. <u>16</u>					
23a. SIGNATURE <u>Samuel J. Taylor</u>		23b. ADDRESS <u>1300 Clark Ave</u>		23c. DATE SIGNED <u>10/6/50</u>	
23d. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23e. DATE <u>Oct 6 - 1950</u>		23f. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>	
23g. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>		23h. LOCAL REG. <u>OCT 6 1950</u>		23i. REGISTRAR'S SIGNATURE <u>J. B. Sasser</u>	
23j. FUNERAL DIRECTOR'S SIGNATURE <u>L. W. Bruce</u>		23k. ADDRESS <u>4469 Washington</u>			

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

Not Embalmed

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.....

Licensed Embalmer No.....

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.