

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

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED OCT 26 1950

State File No. **35566**

317

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 3066		Registrar's No. 2482	
1. PLACE OF DEATH a. COUNTY St Louis				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Mo. b. COUNTY St Louis			
b. CITY (If outside corporate limits, write RURAL and give township) Kirkwood		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) 10. TOWN Kirkwood 4723			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1710 Virginia Lane				d. STREET ADDRESS (If rural, give location) 1710 Virginia Lane			
3. NAME OF DECEASED (Type or Print) Jesse Alonzo Allen			a. (First) _____ b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) Oct. 13 1950	
5. SEX Male		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married		8. DATE OF BIRTH 7-27-1883	
9. AGE (In years last birthday) 67		10. MONTHS 2		11. BIRTHPLACE (State or foreign country) Gosport Indiana		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Mfg's Agent		11. BIRTHPLACE (State or foreign country) Gosport Indiana		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME George Allen		13b. MOTHER'S MAIDEN NAME Mary Gosport		14. NAME OF HUSBAND OR WIFE Anna Lee Allen			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Sp. Am. W.W.I.		16. SOCIAL SECURITY NO. 495-12-7062		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Anna Lee Allen Kirkwood, Mo.			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive cardiovascular disease DUE TO (c) diverse II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH Immediate	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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 <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 July , 1949, to Oct 13 , 1950, that I last saw the deceased alive on Oct 9 , 1950, and that death occurred at 4 P m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) W. D. Donke M.D.				23b. ADDRESS Webster Grimes Mo		23c. DATE SIGNED 10/16/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-16-1950		24c. NAME OF CEMETERY OR CREMATORY National Cemetery		24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.	
DATE REC'D BY LOCAL REG. OCT 16 1950		REGISTRAR'S SIGNATURE W. D. Donke M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Louis H. Bopp, Inc. Kirkwood, Mo.			

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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

working under my personal supervision.

Student Embalmer No.....

Signed

Felix Hernandez

Signed.....

Student Embalmer

Licensed Embalmer No. *3074*

P. O. Address *Kirkwood 33*

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.