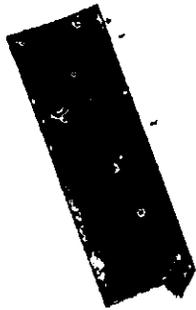


THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41952**
Registrar's No. **9151**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 41952		Registrar's No. 9151	
1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY _____ c. CITY (If outside corporate limits, write RURAL and give township) St. Louis d. STREET ADDRESS (If rural, give location) 914 E Buchanan				
3. NAME OF DECEASED a. (First) Chester b. (Middle) Louis c. (Last) Allen					4. DATE OF DEATH (Month) (Day) (Year) 10 26 1950				
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 9-21-1902		9. AGE (In years last birthday) 48 IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck driver			10b. KIND OF BUSINESS OR INDUSTRY Trucking Company			11. BIRTHPLACE (State or foreign country) McLeansboro, Ill		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Frank Allen			13b. MOTHER'S MAIDEN NAME Louella Edwards			14. NAME OF HUSBAND OR WIFE Victoria Allen			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 492-09-5840		17. INFORMANT'S SIGNATURE OR NAME Victoria Allen ADDRESS 914 E Buchanan				
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) Halogenated Aromatic Hydrocarbon Accidentally ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO self administered in home DUE TO (c) 914 E Buchanan St. around 1200 noon Oct 15 1950						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Accident						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY), (STATE) St. Louis Mo Mo		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct 15 50 2:00 PM			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 69360							
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 7:30 P. m. , from the causes and on the date stated above. MO									
23a. SIGNATURE (Degree or title) Walter H. ...					23b. ADDRESS 1300 Clark			23c. DATE SIGNED 10/28/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct 30, 1950		24c. NAME OF CEMETERY OR CREMATORY Mem Park Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo			
DATE REC'D BY LOCAL REG. OCT 29 1950		REGISTRAR'S SIGNATURE J. B. Lasater			25. FUNERAL DIRECTOR'S SIGNATURE Edw Koch + Son ADDRESS 3516 N. 14th				

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 _____

Signed.....
Student Embalmer

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.