

FILED DEC 20 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

318

1003

State File No. 42714  
9467

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis		a. STATE Missouri	b. COUNTY St. Louis
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lemay 4870	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony's Hosp.		d. STREET ADDRESS (If rural, give location) Route 11, Box 200	

3. NAME OF DECEASED (Type or Print)	a. (First) Joseph	b. (Middle) Skelton	c. (Last) Allen	4. DATE OF DEATH (Month) (Day) (Year) Oct. 23 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 11, 1917	9. AGE (In years last birthday) 34	IF UNDER 1 YEAR Months Days	IF UNDER 12 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chemical Operator	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Flat River, Mo. 0	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Amos Allen	13b. MOTHER'S MAIDEN NAME Anna Maude Koen	14. NAME OF HUSBAND OR WIFE Regina
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, age, or unknown) (If yes, give war or dates of service) Yes WW II	16. SOCIAL SECURITY NO. 489-05-6361	17. INFORMANT'S SIGNATURE OR NAME Amos Allen, Flat River, Mo.	ADDRESS
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 10 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Basal ganglia Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) starting the underlying cause last. DUE TO (b) <u>Acute Septicemia</u> DUE TO (c) <u>Polio myelitis, Bulbo Spinal</u>		
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	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) St. Louis, Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 080.0
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22. I hereby certify that I attended the deceased from 10/14/51 to 10/24/51, 1951, that I last saw the deceased alive on 10/29/51, 1951, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) R. A. Meyer, M.D.	22b. ADDRESS 539 N. Grand	22c. DATE SIGNED 10/25/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 10-24-51	24c. NAME OF CEMETERY OR CREMATORY St. Francois Mem. Park	24d. LOCATION (City, town, or county) (State) Bonne Terre, Mo.
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DATE REC'D BY LOCAL REG. OCT 26 1951	REGISTRAR'S SIGNATURE Albert H. Hoppe M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington
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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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

*Robert M. Murray*

Licensed Embalmer No. *3749*

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.