

FILED FEB 27 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1003

State File No. 6193  
1030  
Registrar's No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY	
b. CITY OR TOWN <i>St. Louis</i>	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <i>ST. LOUIS</i> <span style="float: right;">2219</span>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>1430 N. 20th St.</i>		d. STREET ADDRESS (If rural, give location) <i>21 1430 N 20th ST.</i>	

3. NAME OF DECEASED (Type or Print)	a. (First) <i>Ernest</i>	b. (Middle) <i>Cleveland</i>	c. (Last) <i>Allen</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>Jan. 31 1952</i>
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widower</i>	8. DATE OF BIRTH <i>Aug. 10 1889</i>	9. AGE (In years last birthday) <i>62</i>	10. MONTH <i>3</i>	11. DAYS <i>21</i>	12. HOURS <i></i>	13. MIN. <i></i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Factory worker</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Johnston City Ill.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Thomas Allen</i>	13b. MOTHER'S MAIDEN NAME <i>Addie Sanders</i>	14. NAME OF HUSBAND OR WIFE <i>Belle W. Allen</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <i>486-18-5670</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Ma Erma Zottavella</i>	ADDRESS <i>1434 N. 20th St.</i>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Apoplexy</i>		INTERVAL BETWEEN ONSET AND DEATH <i>5 yrs</i> <i>6-7 yrs</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Hypertension</i>		
	DUE TO (c)		
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 type="checkbox"/> NO <input checked="" 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>334X</i>
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22. I hereby certify that I attended the deceased from *8-8-1949*, to *1-31-1952*, that I last saw the deceased alive on *1-29-1952*, and that death occurred at *5 A.M.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Robert D Sanders M.D.</i> (Degree or title)	23b. ADDRESS <i>1502 Cass St</i>	23c. DATE SIGNED <i>2-1-52</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Reinterred</i>	24b. DATE <i>Feb. 7/52</i>	24c. NAME OF CEMETERY OR CREMATORY <i>North Hill Cem, Marion</i>	24d. LOCATION (City, town, or county) (State) <i>Ill. Ill.</i>
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DATE REC'D BY LOCAL REG. <i>FEB 2 1952</i>	REGISTRAR'S SIGNATURE <i>J. Carl Smith, MD</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Dell Campbell</i>	ADDRESS <i>Northway &amp; W. Lindbergh</i>
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WRITE PLAINLY—USING 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. ....

Student .....  
Student Embalmer

Signed *Rev. B Campbell* .....

Licensed Embalmer No. *13881*

P. O. Address *St Louis 8, Mo*

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.