No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 24 1952

State File No. 25530

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5569

1. PLACE OF DEATH
a. COUNTY 0
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Anthony's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Maplewood 3544
d. STREET ADDRESS (If rural, give location) 3106 Walter Avenue 54

3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last) John Ellwood Allison,

4. DATE OF DEATH (Month) (Day) (Year) June 15, 1952

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) ----- 0
8. DATE OF BIRTH June 15, 1952
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 1 Min.
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) St. Louis, Missouri 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Wm. Frederick Allison
13b. MOTHER'S MAIDEN NAME Gretchen Dues
14. NAME OF HUSBAND OR WIFE -----
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. -----
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wm. Allison, 3106 Walter Ave.

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) Prematurity (5 month gestation) — INTERVAL BETWEEN ONSET AND DEATH 1 hour

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

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 ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 77HX

22. *I hereby certify that I attended the deceased from* 6-15, 1952, *to* 6-15, 1952, *that I last saw the deceased alive on* 6-15, 1952, *and that death occurred at* 12 15 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) John O'Sullivan 0
23b. ADDRESS 2840a California Avenue
23c. DATE SIGNED 6-16-52

24a. BURIAL, CREMATION, REMOVAL (Specify) 0
24b. DATE
24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
24d. LOCATION (City, town, or county) (State) St. Louis, Missouri

DATE REC'D BY LOCAL REG. JUN 16 1952
REGISTRAR'S SIGNATURE J. Earl Smith, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. A. Stock, 2117 E. Grand Blvd.

(Licensed Embalmer's Statement on Reverse Side)

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

Not Embalmed.

Signed Frank A. Moore

Licensed Embalmer No. 13041

P. O. Address 2117 E. Gra

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.