No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 15 1952

State File No. 29193

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. _____ Registrar's No. 7195

1003

1. PLACE OF DEATH
a. COUNTY: /
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): 4571a Clarence Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: 2099
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 9 4571a Clarence Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Fred
b. (Middle): H.
c. (Last): Allen

4. DATE OF DEATH (Month) (Day) (Year): July 25, 1952.

5. SEX: male 0
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married /
8. DATE OF BIRTH: Dec. 4, 1885
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Salesman
11. BIRTHPLACE (State or foreign country): Boston, Mass. /
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: William Allen
13b. MOTHER'S MAIDEN NAME: Ann Burdette
14. NAME OF HUSBAND OR WIFE: Clara Allen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Mrs Fred H. Allen — ADDRESS: 4571a Clarence 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) Pulmonary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 6 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Anemia — 3 mo.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. amputee

19a. DATE OF OPERATION: 7/21/52
19b. MAJOR FINDINGS OF OPERATION: Opened Hematoma on Stump left Leg
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): no
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): ✓
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): E 957 x
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: ✓
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 000 46

22. *I hereby certify that I attended the deceased from* 7/1, 1930, *to* 7/25, 1952, *that I last saw the deceased alive on* 7/21, 1952 *and that death occurred at* 5:55 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: Lw Reber (Degree or title) MSO
23b. ADDRESS: 2840 Calif Arnia
23c. DATE SIGNED: 7/26/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-28-52.
24c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis, Missouri.

DATE REC'D BY LOCAL: JUL 28 1952
REGISTRAR'S SIGNATURE: J. Earl Smith, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Math Hermann & Son, Inc. — ADDRESS: 2161 E. Fair Ave.

(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

Signed Homer H. Fritz

Licensed Embalmer No. 3882

P. O. Address St. Louis

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.

State of Missouri } ss.
County of St. Louis City

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 29193
Local Registrar's No. 7195

On this 9th day of August, 1952, before me appears Mrs. Fred H. Allen, who, upon her oath, states that the original record of death for Fred H. Allen died July 25, 1952 in the State of Missouri, and which was filed at St. Louis on July 28, 1952, should be corrected as follows:

Item No. 17 should read Mrs. Fred H. Allen

Instead of Mr. Fred H. Allen

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

X Affiant Mrs Fred H Allen Wife
Relationship.

4571a Clarence Ave.
Present Address.

Subscribed and sworn to before me this 9th day of August, 1952.

My Commission expires March 28, 1956. Dorothy E Hermann Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

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