

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**44694**

State File No. ....

**12066**

Registrar's No. ....

No. 300  
10.48

**FILED JAN 26 1953**

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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|--|--|--|--|
| <b>1. PLACE OF DEATH</b><br>a. COUNTY<br><br>b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> |  | <b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission.)<br>a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b><br>c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>University City</b> <b>1376</b><br>d. STREET ADDRESS (If rural, give location) <b>837 N. McKnight Rd.</b> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Luke's Hospital</b>   |  | d. STREET ADDRESS (If rural, give location) <b>837 N. McKnight Rd.</b>   |  |

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|--|---|---|---|--|--|-------------------------------------|
| <b>3. NAME OF DECEASED</b><br>a. (First) <b>WILLIAM</b> b. (Middle) <b>BROWN</b> c. (Last) <b>ALLISON</b>                      |   |   | <b>4. DATE OF DEATH</b> (Month) (Day) (Year)<br><b>Dec. 29 1952</b> |  |  |                                     |
| <b>5. SEX</b><br><b>Male</b>   | <b>6. COLOR OR RACE</b><br><b>White</b> | <b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify)<br><b>Married</b> | <b>8. DATE OF BIRTH</b><br><b>Aug. 20, 1882</b>                     | <b>9. AGE</b> (In years last birthday) <b>70</b>   | IF UNDER 1 YEAR: Months Days<br>IF UNDER 24 HRS.: Hours Min. |                                     |
| <b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)<br><b>Electrician-Union</b> |   | <b>10b. KIND OF BUSINESS OR INDUSTRY</b><br><b>Electric Co.</b>                 |   | <b>11. BIRTHPLACE</b> (City and State or Foreign Country)<br><b>Concord, New Hampshire</b> |  | <b>12. CITIZEN OF WHAT COUNTRY?</b> |

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|--|---|---|
| <b>13a. FATHER'S NAME</b><br><b>James E. Allison</b>   | <b>13b. MOTHER'S MAIDEN NAME</b><br><b>Emma W. Curtis</b> | <b>14. NAME OF HUSBAND OR WIFE</b><br><b>Mayme Allison</b>                                |
| <b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b> | <b>16. SOCIAL SECURITY NO.</b>                            | <b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS<br><b>Mayme Allison 837 McKnight Rd.</b> |

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| <b>18. CAUSE OF DEATH</b><br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | <b>MEDICAL CERTIFICATION</b><br><b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Cardiac Infarct</b><br><br><b>ANTECEDENT CAUSES</b><br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Pulmonary Edema</b><br><br>DUE TO (c) <b>Post. Oper. Transurethral</b> | <b>INTERVAL BETWEEN ONSET AND DEATH</b> |
| <b>II. OTHER SIGNIFICANT CONDITIONS</b><br>Conditions contributing to the death but not related to the disease or condition causing death.   |  |   |

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| <b>19a. DATE OF OPERATION</b><br><b>12/22/52</b>              | <b>19b. MAJOR FINDINGS OF OPERATION</b><br><b>Enlarged Prostate</b>   | <b>20. AUTOPSY?</b><br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| <b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)               | <b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)               | <b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>                                     |
| <b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.) | <b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | <b>21f. HOW DID INJURY OCCUR?</b><br><b>610X</b>   |

**22. I hereby certify that I attended the deceased from Dec 16, 1952 to Dec 28, 1952, that I last saw the deceased alive on Dec 28, 1952, and that death occurred at 7:25 A.M., from the causes and on the date stated above.**

|   |   |  |  |
|---|---|--|--|
| <b>23a. SIGNATURE</b><br><i>Walter J. Mitchell M.D.</i> (Degree or title) | <b>23b. ADDRESS</b><br><b>4228 S. Kings Highway Bl.</b> | <b>23c. DATE SIGNED</b><br><b>1/30/52</b>                              |  |
| <b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify)<br><b>Removal</b>        | <b>24b. DATE</b><br><b>Dec. 31, 1952</b>                | <b>24c. NAME OF CEMETERY OR CREMATORY</b><br><b>Sunset Burial Park</b> | <b>24d. LOCATION</b> (City, town, or county) (State)<br><b>St. Louis Co. Mo.</b> |

|   |   |  |
|---|---|--|
| <b>DATE REC'D BY LOCAL REG.</b><br><b>DEC 30 1952</b> | <b>REGISTRAR'S SIGNATURE</b><br><i>J. Carl Smith M.D.</i> | <b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS<br><b>Kriegshauser 4228 S. Kings Highway Bl.</b> |
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(Licensed Embalmer's Statement on Reverse Side)

**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 *Edwin M. Germain* .....

Licensed Embalmer No. *3024* .....

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.