

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 10 1953

State File No. **40385**
Registrar's No. **11463**

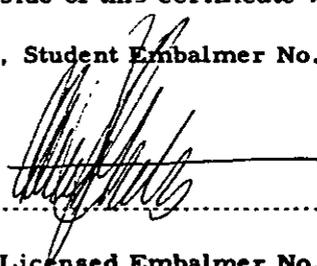
BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 40385		Registrar's No. 11463		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) Life		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Infirmary				e. STREET ADDRESS (If rural, give location) 3650 Shaw Avenue						
3. NAME OF DECEASED (Type or Print) Allen		a. (First) _____ b. (Middle) _____		c. (Last) Douglas		4. DATE OF DEATH (Month) (Day) (Year) Dec. 2, 1953				
5. SEX male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH July 7, 1878		9. AGE (in years last birthday) 75		
						If UNDER 1 YEAR Months 4 Days 25		If UNDER 24 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor			10b. KIND OF BUSINESS OR INDUSTRY APT. Buildings		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.			12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13a. FATHER'S NAME Edward Douglas			13b. MOTHER'S MAIDEN NAME Millie Rippens			14. NAME OF HUSBAND OR WIFE Rose Douglas				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 492-01-5453		17. INFORMANT'S SIGNATURE OR NAME Julia McLeod ADDRESS 4216 W. St. Ferdinand						
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH		
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lymphatic Leukemia						?		
		ANTECEDENT CAUSES								
		*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.								
		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 <input type="checkbox"/> NO <input type="checkbox"/>		
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) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 2040						
22. I hereby certify that I attended the deceased from 12-1 , 19 53 , to 12-2 , 19 53 that I last saw the deceased alive on 12-2 , 19 53 and that death occurred at 9:30 a.m., from the causes and on the date stated above.										
23a. SIGNATURE Walter G. Young (Degree or title) M.D.				23b. ADDRESS 2337 Market				23c. DATE SIGNED 12-5-53		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12/5/53		24c. NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.				
DATE REC'D BY LOCAL REG. DEC 4 1953		REGISTRAR'S SIGNATURE Charles J. Gates		25. FUNERAL DIRECTOR'S SIGNATURE Charles J. Gates ADDRESS 4107 Finney Ave.						

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.....
Signature of Student Embalmer

Signed.....


Licensed Embalmer No.....1825..

P. O. Address..4107..Finney..

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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