

FILED APR 26 1954

STANDARD CERTIFICATE OF DEATH

14394
State File No.

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>546</u>		Registrar's No. <u>843</u>					
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>St. Louis</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Overland</u>		c. LENGTH OF STAY (in this place) <u>10 Years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Overland</u>				d. STREET ADDRESS (If rural, give location) <u>1833 Warson Road</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1833 Warson Road</u>		3. NAME OF DECEASED a. (First) <u>Stephen</u>		b. (Middle) _____		c. (Last) <u>Allsopp</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4 6 1954</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>12/29/1866</u>		9. AGE (In years last birthday) <u>87</u> IF UNDER 1 YEAR Months <u>3</u> Days <u>7</u> IF UNDER 12 HRS. Hours <u>12</u> Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Trunk Factory</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Hargadine-McKittick</u>		11. BIRTHPLACE (State or foreign) <u>S. Wales Abercarn</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>WAS Allsopp</u>			13b. MOTHER'S MAIDEN NAME <u>WAS Jarret</u>			14. NAME OF HUSBAND OR WIFE <u>Anna Wondracheck</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Stephen Allsopp</u>					ADDRESS <u>1833 Warson Road</u>		
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic nephritis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>2 yr</u>			
		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. <u>acute myocarditis</u>						<u>1 yr</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>592X</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>592X</u>							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from <u>1953</u> , 19 <u>53</u> , to <u>4/6/54</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>4-5</u> , 19 <u>54</u> , and that death occurred at <u>9:15A</u> m., from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <u>M. A. Schumacher M. D.</u>				23b. ADDRESS <u>8863 Tudor Ave.</u>				23c. DATE SIGNED <u>4/7/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/8/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Peters Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County Missouri</u>					
DATE REC'D BY LOCAL REG. <u>4/13/54</u>		REGISTRAR'S SIGNATURE <u>Heber B. Tomke, M.D.</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Ambruster Mortuary</u>					ADDRESS <u>6633 Clayton Road</u>	

(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 _____

working under my personal supervision.

Student Embalmer No.

Signed Ernest W. Spillars

Signed
Student Embalmer

Licensed Embalmer No. 4080

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.