

No. 300  
10.48  
0922

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17013**

FILED MAY 17 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **300** PRIMARY REG. DIST. NO. **6051** Registrar's No. **103**

1. PLACE OF DEATH a. COUNTY <b>ST. CHARLES</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. LOUIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>ST. CHARLES RURAL</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>	
c. LENGTH OF STAY (In this place) <b>3 YEARS</b>		d. STREET ADDRESS (If rural, give location) <b>6010 Garesche Ave.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>EVANGELICAL EMMAS HOME</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>ANN</b> b. (Middle) <b>ELIZABETH</b> c. (Last) <b>ALLWELL</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>MAY 9, 1954</b>		
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>	
8. DATE OF BIRTH <b>NOV. 5, 1878</b>		9. AGE (In years last birthday) <b>75</b>		10. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWORK</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>MISSOURI</b>	

13a. FATHER'S NAME <b>PATRICK ALLWELL</b>		13b. MOTHER'S MAIDEN NAME <b>SUSAN JEFF</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Chaplin Storker</b> ADDRESS <b>ST. CHARLES, MO</b>	

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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Sudden</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Gen Arterio-sclerosis</b>		<b>10 yrs</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 <b>4201</b>		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)	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 <b>May 10</b> , 19 <b>54</b> , to <b>May 9</b> , 19 <b>54</b> , that I last saw the deceased alive on <b>May 19</b> , 19 <b>54</b> , and that death occurred at <b>6:30 A.M.</b> , from the causes and on the date stated above.					

23a. SIGNATURE <b>A P Enoch Schurz</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>St Charles, Mo</b>		23c. DATE SIGNED <b>May 9, 1954</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>5-11-1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>New Bethlehem Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis, County, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Math. Hermann &amp; Son Inc.</b>		ADDRESS <b>2161 E. Fair Ave.</b>	
DATE REC'D BY LOCAL REG <b>May 10 1954</b>		REGISTRAR'S SIGNATURE <b>Laune Hamilton</b>		VIA MOTOR <b>284-0</b>	

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

(Licensed Embalmer's Statement on Reverse Side)

1945 11 11 1945

**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 Welford G. Burnley

Licensed Embalmer No. 42027

P. O. Address St Louis Mo.

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.