

FILED MAR 22 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **10369**  
Registrar's No. **2294**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) <b>ST. LOUIS</b>		c. LENGTH OF STAY (in this place) <b>5 DAYS</b>		c. CITY OR TOWN <b>ST. LOUIS</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. LOUIS CITY HOSPITAL # 1</b>				e. STREET ADDRESS (If rural, give location) <b>5009 GERALDINE</b> 2076				
3. NAME OF DECEASED (Type or Print) a. (First) <b>RAYMOND</b>			b. (Middle) <b>F</b>		c. (Last) <b>ALLEN</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>MARCH 2, 1956</b>	
5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>		8. DATE OF BIRTH <b>FEB-24-1883</b>		
9. AGE (In years) (Months) (Days) <b>73 0 7</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>PAINTER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>AUTO-INDUSTRY</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>PRINCETON ILL</b>		
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>				13a. FATHER'S NAME <b>DANIEL-ALLEN</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>		
14. NAME OF HUSBAND OR WIFE <b>EDITH-ALLEN</b>				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>C.G. PEDIGO-</b>				ADDRESS <b>5754 HYLAND AVE- CITY</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, asphyxia, etc. It means the disease, injury, or complication which caused death.								
MEDICAL CERTIFICATION								
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Malnutrition &amp; dehydration</b>								
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause lost. DUE TO (b) <b>Multiple vitamin deficiency</b>								
DUE TO (c) _____								
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Bronchopneumonia 2866</b>								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>491x</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) (Min.)		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>2-26</b> , 19 <b>56</b> , to <b>3-2</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>3-2</b> , 19 <b>56</b> , and that death occurred at <b>9:10p m.</b> , from the causes and on the date stated above.								
23a. SIGNATURE <b>Leolaugh m</b> (Degree or title)				23b. ADDRESS <b>1515 Lafayette</b>		23c. DATE SIGNED <b>3-3-56</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>3-6-56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>FRIEDENS CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS MO</b>		
DATE REC'D BY LOCAL REG. <b>MAR 5 1956</b>		REGISTRAR'S SIGNATURE <b>Dr. Carl Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>JAY B. SMITH</b>		ADDRESS <b>MAPLEWOOD 17 MO</b>		

S.P. (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.....  
Signature of Student Embalmer

Signed.....  
*J. Allen Davis*

Licensed Embalmer No.....  
P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING: (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.