.S. No. 300
v. 10.48

FILED MAY - 8 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14417

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3992

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

0

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS
c. LENGTH OF STAY (in this place): LIFE

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 16 MISSOURI BAPTIST HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY

c. CITY OR TOWN: ST. LOUIS
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]

e. STREET ADDRESS (If rural, give location): 259 1734 Washington Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): SIMPSON
c. (Last): ALLEN

4. DATE OF DEATH (Month) (Day) (Year): APRIL 25, 1957.

5. SEX: MALE 0
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): DIVORCED 3
8. DATE OF BIRTH: July 6, 1902.
9. AGE (In years last birthday): 54 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PHARMACIST
10b. KIND OF BUSINESS OR INDUSTRY: DRUG
11. BIRTHPLACE (City and State or Foreign Country): ST. LOUIS, MO. 0
12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: JOSEPH W. ALLEN
13b. MOTHER'S MAIDEN NAME: MARY SIMPSON
14. NAME OF HUSBAND OR WIFE: EVELYN ALLEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 426-48-4611
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Dorsey Allen, 811 Country Club Dr.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 day
Intestinal Obstruction — 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypernephroma L with
DUE TO (c): Pulmonary Metastasis

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: 180x
20. AUTOPSY? YES [X] NO [ ] 1

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 [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-21-57, 19__, *to* 4-25-57, 19__, *that I last saw the deceased alive on* 4-24-57, 19__, *and that death occurred at* 3:10 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James R Meador M.D.
23b. ADDRESS: 45 Central
23c. DATE SIGNED: 4-25-57

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: April 27, 1957
24c. NAME OF CEMETERY OR CREMATORY: BELLEFONTAINE CEMETERY
24d. LOCATION (City, town, or county) (State): ST. LOUIS, MO.

DATE REC'D BY LOCAL REG.: APR 26 '57
REGISTRAR'S SIGNATURE: J Earl Smith M.D. MJB
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: CALVIN F. FEUTZ FUNERAL HOME, INC. 4828 Natural Bridge Blvd. St. Louis, 15, Mo.

(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 embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Ralph E. Linden

Licensed Embalmer No. 4275

P. O. Address St. Louis

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