

FILED APR 3 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-011282

STATE FILE NUMBER

318

1003

2759

Registration District No. Primary Registration District No.

300
-57
0

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, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis	
8 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Deaconess Hospital		Length of stay in lb 5 weeks 207 1/2		d. STREET ADDRESS (If outside, give location) 6010 Garesche Avenue	
Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		3. NAME OF DECEASED (Type or print) First Laura Middle Allwell Last Allwell		4. DATE OF DEATH Month March Day 7 Year 1958	
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH June 26, 1877	
9. AGE (In years last birthday) 80		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and state or country) Atlanta, Georgia	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Perrino Brown Bolding		13b. MOTHER'S MAIDEN NAME Elizabeth Prater	
14. NAME OF HUSBAND OR WIFE Hugh Allwell		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. none	
17. INFORMANT Hugh Allwell, 6010 Garesche Avenue		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease DUE TO (b) Fracture of Left Hip; DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost.		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Suffered when she fell in kitchen in the night on January 29th, 1958; about 9:00 pm.		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of (a)) 29th, 1958; about 9:00 pm.		20c. TIME OF INJURY Hour 9:00 a.m. Month, Day, Year 1 29 58		E904.021	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		20f. CITY, TOWN, OR LOCATION St Louis COUNTY STO STATE Mo	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 9:10 A on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Deceased or title) James M Kelly Deputy		22b. ADDRESS 3 1300 Clark	
22c. DATE SIGNED 3-8-58		23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE March 10, 1958	
23c. NAME OF CEMETERY OR CREMATORY Hiram Park Cemetery		23d. LOCATION (City, town, or county) St. Louis County, Missouri		(State)	
24. FUNERAL DIRECTOR Math Hermann & Son, Inc., 2161 E. Fair		25. DATE RECD. BY LOCAL REG. MAR 8 '58		26. REGISTRAR'S SIGNATURE J Earl Smith ml	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *John W. Hay*

Licensed Embalmer No. *3737*
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.