Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAY 8 1958

58-015477
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4277

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Louis — Inside Limits Yes ☒ No ☐	c. CITY OR TOWN St. Louis — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 01 4041 St. Ferd. — Length of stay in lb 16 yrs.	d. STREET ADDRESS (If outside, give location) 119 4041 St. Ferdinand — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)	First SALLIE	Middle MAE	Last ALLEN	4. DATE OF DEATH Month April Day 17, Year 1958
5. SEX Female 3	6. COLOR OR RACE Negro	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐	8. DATE OF BIRTH July 8,1890	9. AGE (In years last birthday) 67 — 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) Housewife	10b. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (City and state or country) Benton, Louisiana 1	12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME John Wesley	13b. MOTHER'S MAIDEN NAME Mary ?	14. NAME OF HUSBAND OR WIFE Thad Allen		
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 Kermit Allen Address 4041 St. Ferdinand		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Heart Disease, Arteriosclerotic — INTERVAL BETWEEN ONSET AND DEATH 1 yr (?)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) —

DUE TO (c) — 420.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) —

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) —

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year —

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 4-15-58, to 4-17-58 and last saw her/him alive on 4-15-58

Death occurred at 2 45 pm m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Alan Moore	22b. ADDRESS 4501 A Easton	22c. DATE SIGNED 4-18-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 4-22-58	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State) Shreveport, Louisiana
24. FUNERAL DIRECTOR Charles J. Gates	ADDRESS 4107 Finney	25. DATE RECD. BY LOCAL REG. APR 19 '58	26. REGISTRAR'S SIGNATURE J Earl Smith-MD acm

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. 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 Grayton Swan

Licensed Embalmer No. 4580

P. O. Address 4107 Finney Aver

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.