

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024113

STATE FILE NUMBER

FILED JUL 11 1956 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1600

1. PLACE OF DEATH a. COUNTY Halls Ferry Memorial Home				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY ST. LOUIS					
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN St. Louis County		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Jennings 41400		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) INSTITUTION Halls Fer. Mem.			Length of stay in lb HOSPITAL OR INSTITUTION 6YRS - 5 MON.		d. STREET ADDRESS 7105 Lamont		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Marvin Middle Last Allen			4. DATE OF DEATH Month June Day 16 Year 1958						
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Dec. 5, 1886	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months 6 Days 1 Hours 1 Min.	IF UNDER 24 HRS. Hours 1 Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) R.R. Conductor			10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (City and state for country) Ellington, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S. A.		
13. FATHER'S NAME William Allen				14. MOTHER'S MAIDEN NAME Louise Ball					
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. None		17. INFORMANT Address Mildred Volkmann 7105 Lamont Jennings, Mo.					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Septicemia							INTERVAL BETWEEN ONSET AND DEATH 3 months		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Multiple decubiti		DUE TO (c) Parkinson's disease (Paralysis agitans)			6 months		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a). 350 X							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT <input 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 item 18.)						
20c. TIME OF INJURY Hour 8 p. Month 8 Day 8 Year 1958									
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.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from Jan 5, 1952 to June 13, 1958 and last saw ^{her} him alive on 6/11/58 Death occurred at Jennings on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE Lewis Williams MD (Degree or title)				22b. ADDRESS 8231 Clayton Rd			22c. DATE SIGNED 6/14/58		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE June 16, 1958	23c. NAME OF CEMETERY OR CREMATORY Ellington Cem			23d. LOCATION (City, town, or county) (State) Ellington, Mo.			
24. FUNERAL DIRECTOR Morrell 3710-N. Grand Bl.				25. DATE RECD. BY LOCAL REG. 6-15-58		26. REGISTRAR'S SIGNATURE Herbert P. Danke M.D.			

(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Laron E. Percy*.....

Licensed Embalmer No. 40.....

P. O. Address *St. Louis*.....

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.