

**FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-041500**

**FILED VS. NOV 19 1959**

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. **210139**

MAILED

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, give TOWNSHIP only) OR TOWN <b>ST. LOUIS, MISSOURI</b>		Length of stay in 1b <b>245</b>	c. CITY OR TOWN <b>ST. LOUIS</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VAH, 915 NO. GRAND AVE.</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>5202A ASHLAND AVE.</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>CHARLES H. ALLEN</b>			4. DATE OF DEATH Month Day Year <b>11/2/59</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>NEGRO</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3/15/1911</b>	9. AGE (last birthday) <b>48</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABOR</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Post Dispatch</b>	11. BIRTHPLACE (City and state or country) <b>SHAW, MISSISSIPPI</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>WALTER ALLEN</b>		13b. MOTHER'S MAIDEN NAME <b>EMMA RAY</b>		14. NAME OF HUSBAND OR WIFE <b>NEPPIE ALLEN</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WW-II</b>		16. SOCIAL SECURITY NO. <b>488-01-1195</b>		17. INFORMANT Address <b>VAH, 915 NO. GRAND AVE., ST. LOUIS, MO.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>UREMIA</b>					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) <b>ARTERIOLAR NEPHROSCLERSSIS</b>					
DUE TO (c) <b>446x</b>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 a.m. p.m. Month, Day, Year					
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. <b>VA</b> attended the deceased from <b>3/2/59</b> , to <b>11/2/59</b> and last saw <del>him</del> <sup>xxx</sup> alive on <b>11/2/59</b> Death occurred at <b>12:50 PM</b> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Walter H. Petersen</i> (Degree or title) <b>M.D.</b>			22b. ADDRESS <b>VAH, ST. LOUIS, MO.</b>		22c. DATE SIGNED <b>11/2/59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>11/6/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Jefferson Barracks, Mo.</b>	
24. FUNERAL DIRECTOR <i>C. B. Hanson</i> ADDRESS <b>1221 North Grand</b>		25. DATE RECD. BY LOCAL REG. <b>NOV 4 1959</b>	26. REGISTRAR'S SIGNATURE <i>Joan Smith, M.D.</i> <b>M. J. B.</b>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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

*Malvin Blackman*

Licensed Embalmer No. 3462

P. O. Address 1221 N. Main

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.