

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-027545

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1818

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF BIRTH a. COUNTY <u>ST LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>ST LOUIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Florissant</u>		c. CITY OR TOWN <u>Florissant</u>	
Length of stay in 1b <u>YRS.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1145 S. Lafayette</u>		d. STREET ADDRESS (If outside, give location) <u>1145 S. Lafayette</u>	
3. NAME OF DECEASED (Type or print) First <u>Leslie</u> Middle <u>Allison</u> Last <u>Allison</u>		4. DATE OF DEATH Month <u>June</u> Day <u>29</u> Year <u>1961</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan. 5, 1888</u>
9. AGE (last birthday) <u>73</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>24</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bus Driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Public Service</u>	11. BIRTHPLACE (City and state or country) <u>Clarksville, Mo.</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>John Allison</u>	
13b. MOTHER'S MAIDEN NAME <u>Maggie Howlett</u>		14. NAME OF HUSBAND OR WIFE <u>Mae Allison</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		7. INFORMANT Address <u>Mae Allison 1145 S. Lafayette</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma of prostate</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>metastasis</u> DUE TO (c) <u></u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>
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 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 <u></u> Month, Day, Year <u></u>		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 <u>May 1, 1961</u> to <u>June 29, 1961</u> and last saw her <u>June 29, 1961</u> on <u>8:30 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Joseph Spina, M.D.</u> (Degree or title)		22b. ADDRESS <u>390 W. St Anthony Florissant, Mo.</u>	
22c. DATE SIGNED <u>6/30/61</u>		22d. CITY, TOWN, OR COUNTY (State) <u>St. Louis, County, Missouri</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>July 1, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Bethany Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>St. Louis, County, Missouri</u>
24. FUNERAL DIRECTOR <u>Schumacher's 3013 Meramec St.</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>6-30-61</u>	26. REGISTRAR'S SIGNATURE <u>John B. Murphy</u>

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 _____

Licensed Embalmer No. 7746

P. O. Address Rt. 100

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.