

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-008249

593 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. \_\_\_\_\_

<b>FILED FEB 28 1963</b>	
<p>1. PLACE OF DEATH</p> <p>a. COUNTY _____</p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b> Length of stay in 1b. _____</p> <p>c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>DOA Homer G. Phillips Hosp</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <b>Missouri</b> b. COUNTY _____</p> <p>c. CITY OR TOWN <b>St. Louis</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <b>4387 Westminster Ave.,</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>3. NAME OF DECEASED (Type or print) First <b>Carl</b> Middle <b>E.</b> Last <b>Allen</b></p>	
<p>4. DATE OF DEATH Month <b>Jan.</b> Day <b>17</b> Year <b>1963</b></p>	
<p>5. SEX <b>Male</b></p>	<p>6. COLOR OR RACE <b>Negro</b></p>
<p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/></p>	<p>8. DATE OF BIRTH <b>1-3-1932</b></p>
<p>9. AGE (last birthday) <b>31</b></p>	<p>10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Decorator</b></p>
<p>11. BIRTHPLACE (City and state or country) <b>Alexandria, La.,</b></p>	<p>12. CITIZEN OF WHAT COUNTRY <b>USA</b></p>
<p>13a. FATHER'S NAME <b>Earl Allen</b></p>	<p>13b. MOTHER'S MAIDEN NAME <b>Evelyn Powell</b></p>
<p>14. NAME OF HUSBAND OR WIFE _____</p>	<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes Korean</b></p>
<p>16. SOCIAL SECURITY NO. _____</p>	<p>17. INFORMANT <b>Earl Allen</b> Address <b>4349a Finney Ave.,</b></p>
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)</p> <p>PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <b>Carbon Monoxide Poisoning;</b></p> <p style="text-align: center;">DUE TO (b) <b>suffered in room of home from inverted heater or about January 17<sup>th</sup> 1963.</b></p> <p style="text-align: center;">DUE TO (c) _____</p> <p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>890.0-15 accident</b></p> <p>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</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>	<p>20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>
<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>See above</b></p>	
<p>20c. TIME OF INJURY Hour <b>3</b> a.m. _____ p.m. _____ Month, Day, Year <b>1-17-63</b></p>	<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>
<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>19</b></p>	<p>20f. CITY, TOWN, OR LOCATION <b>St. Louis, Mo.</b> COUNTY _____ STATE _____</p>
<p>21. I attended the deceased from _____ to _____ and last saw her/him alive on _____</p> <p>Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.</p>	
<p>22a. SIGNATURE (Degree or title) <b>Joseph M. Quinn Deputy Registrar</b></p>	<p>22b. ADDRESS <b>1300 Clark</b></p>
<p>22c. DATE SIGNED <b>1-19-63</b></p>	<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b></p>
<p>23b. DATE <b>1-21-63</b></p>	<p>23c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b></p>
<p>23d. LOCATION (City, town, or county) <b>Jefferson Barracks, Mo.,</b></p>	<p>24. FUNERAL DIRECTOR <b>G. Wade Granberry</b> ADDRESS <b>4202 Finney Ave.</b></p>
<p>25. DATE RECD. BY LOCAL REG. <b>JAN 19 1963</b></p>	<p>26. REGISTRAR'S SIGNATURE <b>Paul Smith, M.D.</b></p>

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF DATE AMENDED

ITEM NO. SHOULD READ

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DOCUMENT

MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

0387 2 1 8 3 7 4 1 1 1 1

intended

name

signed

... regarding the ... of the ...

DATE

TIME

PLACE

IS

DATE

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... of the ...

**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 Edward A. Flynn

Licensed Embalmer No. 4444

P. O. Address 4202 Finney Avenue  
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.

... of the ...

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