Province of British Columbia

Ministry of Health
DIVISION OF VITAL STATISTICS

REGISTRATION OF DEATH

REGISTRATION No. (Department Use Only) 005345

THIS IS A PERMANENT LEGAL RECORD – TYPE OR WRITE PLAINLY – COMPLETE ALL ITEMS
USE BLUE OR BLACK INK ONLY
See Reverse for Instructions

IMPORTANT: Any change or correction made in the completion of this form must be initialled by the person certifying the original information

NAME OF DECEASED
1. SURNAME (Print or Type): ALLEN
ALL GIVEN NAMES: ERNEST ALBERT
2. SEX: M [X] F [ ] U/K [ ]

DATE OF DEATH
MM 03 | DD 09 | YY 90
3. NAME OF HOSPITAL OR INSTITUTION (Otherwise give exact location where death occurred): 818-4th Street,
OFFICE USE ONLY: 5-00

PLACE OF DEATH
CITY, TOWN OR OTHER PLACE (by name): New Westminster, B.C. 1201
POSTAL CODE: V3L 2W6
INSIDE MUNICIPAL LIMITS? STATE: [X] YES [ ] NO

USUAL RESIDENCE
4. COMPLETE STREET ADDRESS If rural give exact location (Not Post Office or Rural Route address): 818-4th Street
CITY, TOWN OR OTHER PLACE (by name): New Westminster, B.C.
POSTAL CODE: V3L 2W6
INSIDE MUNICIPAL LIMITS? STATE: [X] YES [ ] NO
PROVINCE (or country): B.C.

MARITAL STATUS
5. STATE: 1 120.1
[X] SINGLE [ ] MARRIED [ ] WIDOWED [ ] DIVORCED
6. IF MARRIED, WIDOWED OR DIVORCED GIVE FULL NAME OF HUSBAND OR FULL MAIDEN NAME:

OCCUPATION
7. KIND OF WORK DONE DURING MOST OF WORKING LIFE: Still Operator
OFFICE USE ONLY:
8. KIND OF BUSINESS OR INDUSTRY IN WHICH WORKED: Seagram's Distillery

BIRTHDATE
9. MONTH (by name), DAY, YEAR OF BIRTH: August 31st 1920
10. AGE (YEARS): 5 69
IF UNDER 1 YEAR MONTHS / DAYS:
IF UNDER 1 DAY HOURS / MINUTES:

BIRTHPLACE
11. CITY, TOWN OR OTHER PLACE: Stony Plain, Alberta
PROVINCE (or country) OF BIRTH: 004
NATIVE INDIAN? STATE: [ ] YES [X] NO

FATHER
SURNAME AND GIVEN NAMES OF FATHER (Print or Type): Allen, Frank
BIRTHPLACE – CITY OR PLACE, PROVINCE OR COUNTRY: England 012

MOTHER
MAIDEN SURNAME AND GIVEN NAMES OF MOTHER (Print or Type): Dickerson, Mary Maude
BIRTHPLACE – CITY OR PLACE, PROVINCE OR COUNTRY: England 012

SIGNATURE OF INFORMANT
SIGNATURE: X. Ann Allen
DATE SIGNED: Mar. 10/90
RELATIONSHIP TO DECEASED: brother
ADDRESS OF INFORMANT: 818-4th Street, New Westminster, B..C.
POSTAL CODE: V3L 2W6

TO BE COMPLETED BY FUNERAL DIRECTOR ONLY

DISPOSITION
TYPE OF DISPOSITION: [ ] BURIAL [X] CREMATION [ ] OTHER (SPECIFY):
BURIAL PERMIT No.: AC9964
DATE OF BURIAL/ DISPOSITION: MM 03 | DD 15 | YY 90
NAME AND ADDRESS OF CEMETERY, CREMATORIUM OR PLACE OF DISPOSITION: Vancouver Crematorium, Vancouver, B.C. V5W 2Z3

FUNERAL DIRECTOR
NAME OF FUNERAL DIRECTOR OR PERSON IN CHARGE OF REMAINS (Print or Type): Columbia Funeral Chapel
CLIENT NO.: 841
ADDRESS: 520 McDonald Street, New Westminster, B.C. V3L 4L6.

DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

CERTIFICATION OF DISTRICT REGISTRAR
I CERTIFY THAT THIS RETURN WAS ACCEPTED BY ME ON THIS DAY AT: NEW WESTMINSTER #35 B.C.
DATE: MM MAR DD 13 YY 1990
SIGNATURE OF DISTRICT REGISTRAR:
DISTRICT REGISTRATION No.:

NOTATIONS:

HLTH 406 REV 89/07

MR-1846