

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

11946

**1. PLACE OF DEATH**

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis

(No. City Hospital)

File No. ....

Registered No. 3194

St. .... Ward)

**2. FULL NAME**

Rudolph Allgeier

(a) Residence. No. 1411 So. Euclid St., 17 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 73 yrs. .... mos. .... ds. How long in U.S., if of foreign birth? yrs. .... mos. .... ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 19-1957

7. AGE

YEARS  
73

MONTHS  
5

DAYS  
21

If LESS than 1 day, .... hrs. .... or .... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Mill Labor

(b) General nature of industry, business, or establishment in which employed (or employer)

337

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Germany

10. NAME OF FATHER

Dan Allgeier

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER

unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Germany

14.

INFORMANT

(Address)

1700 Great information  
Ch. use. Bepp  
City Hospital

15.

FILED

23 1931

W. J. Starker  
REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 12th 1931

17.

I HEREBY CERTIFY, That I attended deceased from Mar. 7th, 1931, to Mar. 12th, 1931, that I last saw him alive on Mar. 12th, 1931, and that death occurred, on the date stated above, at 1:10 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

131 Chronic myocarditis  
93 Chronic nephritis

(duration) .... yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY)

(duration) .... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRAICTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? refused

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. Scherms M. D.

3/12, 1931 (Address) City Hospital

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Volhalla Cen. March 14 1931

20. UNDERTAKER

ADDRESS

E. J. Schner 3125 Lafayette

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

