

NOV 16 1938

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

34018  
Do not use this space.

1. PLACE OF DEATH

(a) County..... 2 Registration District No. 1003  
(b) Township..... Primary Registration District No.  
(c) City ST. LOUIS (d) Street No. 4064 OLIVE ST. 4144 Carter 9004 St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 456 DR. EDWARD ALLMERO TH

(a) Residence, No. 4144 C. ARTER AVE. St. 10 (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (writes the word) WIDOWER  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF MAY R. ALLMERO TH  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC. 12 1868  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 69 10 2  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. PHYSICIAN  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation  
12. BIRTHPLACE (CITY OR TOWN) ST. LOUIS (STATE OR COUNTRY) MO.

FATHER 13. NAME ADAM ALLMERO TH 14. BIRTHPLACE (CITY OR TOWN) GERMANY (STATE OR COUNTRY)  
MOTHER 15. MAIDEN NAME DONT KNOW 16. BIRTHPLACE (CITY OR TOWN) GERMANY (STATE OR COUNTRY)

17. INFORMANT ARTHUR ALLMERO TH (ADDRESS) 5711 DEVONSHIRE AVE.  
18. BURIAL, CREMATION, OR REMOVAL PLACE BELLEFONTAINE DATE 10-17-38 19  
19. FUNERAL DIRECTOR (NAME) CENT. ARTHUR J. DONNELLY (ADDRESS) 3840 LINDELL BLVD.

20. FILED 1938  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

No attending physician  
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 14th 19 38

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., 19.....  
I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 11:30 A.M.  
The principal cause of death and related causes of importance were as follows:

Chronic Endocarditis;  
Mitral Stenosis;  
Oedema of Brain. Date of onset  
Other contributory causes of importance:  
Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19.....  
Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury.....  
Nature of injury.....  
See above

24. Was disease of injury in any way related to occupation of deceased? If so, specify  
(Signed) Alfred Perry  
(Address) Deputy Coroner

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.

Dec 11 1968  
Stouley

**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 .....

Registered Apprentice No. ...., working under my personal supervision.

Signed

*Stouley Marchlewski*

Licensed Embalmer No.

*2868*

P. O. Address

*3840 Leude Blvd*

**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 this body is not embalmed, above space should be left blank.**