

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

R21  
Do not use this space.

**1. PLACE OF DEATH**

(a) County 3 Registration District No. 791  
 (b) Township 1003 Primary Registration District No.  
 (c) City of St. Louis / (d) Street No. 1237 S. 8th Street 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**

426 Archie Elmer Algieri  
 (a) Residence, No. 920 LaSalle St St. 22 (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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Husband of Nellie</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 28, 1894</u>		
7. AGE YEARS <u>44</u>	MONTHS <u>1</u>	DAYS <u>21</u>
If LESS than 1 day, ..... hrs. or ..... min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Mechanic</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Unemployed</u>	
	10. Date deceased last worked at this occupation (month and year).....	11. Total time (years) spent in this occupation.....
12. BIRTHPLACE (CITY OR TOWN) <u>Elger</u> (STATE OR COUNTRY) <u>Missouri</u>		
FATHER	13. NAME <u>Tony Algieri</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Germany</u> (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME <u>Mary Baker</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Missouri</u> (STATE OR COUNTRY)	
17. INFORMANT <u>Mrs. Nellie Algieri</u> (ADDRESS) <u>920 LaSalle St</u>		
18. BURIAL CREMATION OR REMOVAL in <u>National Cem.</u> PLACE DATE <u>1/23/39</u>		
19. FUNERAL DIRECTOR (NAME) <u>A. W. McLaughlin</u> (ADDRESS) <u>2301 Lafayette Avenue</u>		
20. FILED <u>JAN 20 1939</u> <u>J. B. Budek</u> Local Registrar.		

*Not Reported in Attendance*  
**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/19/39 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to....., 19.....  
 I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 7:21 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Coronary Thrombosis  
Chronic Aortic Aneurysm  
Cardiac Hypertrophy  
 Date of onset

Other contributory causes of importance:  
95%

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.....

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify.....  
 (Signed) Walter Perry  
 (Address) Physician 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.

JAN 10 1942

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.....

*L. R. Cooper*

....., Registered Apprentice No.....

working under my personal supervision.

Signed *L. R. Cooper*

Licensed Embalmer No. *3623*

P. O. Address *2317 Lafayette*

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.