DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23742

REC'D AUG 11 1939

Registration District No. 791

Primary Registration District No.

Registrar's No. 6015

1003

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Alexian Brothers
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 8108 Pennsylvania Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME George Alles 420

3. (b) If veteran, name war —

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Anna Alles

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept 16, 1862
(Month) (Day) (Year)

8. AGE: Years 76 Months 9 Days 19 If less than one day hr. min

9. Birthplace Maxville (City, town, or county) Missouri (State or foreign country)

10. Usual occupation retired cooper

11. Industry or business

FATHER
12. Name Peter Alles
13. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Louise Kessler
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs O P. Owen

(b) Address 6435 Woodbine Court.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/10/39 (Month) (Day) (Year)

(c) Place: burial or cremation S.S. Peter & Paul Cm.

18. (a) Signature of funeral director Weick Brothers Und. Co.

(b) Address 2201 S. Grand Bl.

19. (a) JUL 8 1939 (Date received local registrar) (b) J F Bredot (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5th year 1939 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from Feb. 15, 1939, to July 5, 1939; that I last saw him alive on July 4, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy

Due to

Due to Arterio Sclerosis

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury 4

23. Signature [signature] M D (M. D. or other)

Address 3600 S. Grand Blvd Date signed 7/8 39

(Licensed Embalmer's Statement on Reverse Side)

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.

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 Harry A Stewart

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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