

State File No.

Registrar's No.

Registration District No. 791

Primary Registration District No. 1003

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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:
Deaconess Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days
(Specify whether

In this community 36 years
years, months or days)

3. (a) PRINT FULLNAME Lucille V. Allgeyer 426

3. (b) If veteran, name war.....

3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John Allgeyer 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased September 2, 1883
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>10</u>	<u>20</u>	hr. min.

9. Birthplace Danville Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation Home L. Pa.

11. Industry or business.....

MOTHER FATHER { 12. Name John L. Pairo 9

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Lucy Osborne

15. Birthplace Leaksville N. Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant John Allgeyer

(b) Address 3336 Oak Hill

17. (a) Burial (b) Date thereof 7/25/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lakewood Park

18. (a) Signature of funeral director Wacker - Felder

(b) Address 2331 S. Broadway

19. (a) JUL 23 1940 (b) J. F. Brudick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....

(c) City or town St. Louis 16
(If outside city or town limits, write "RURAL")

(d) Street No. 3336 Oak Hill
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22
year 1940 hour 7 minute 10 p.m.

21. I hereby certify that I attended the deceased from July 19, 1940 to July 22, 1940
that I last saw her alive on July 22, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis 3 day

Due to Atherosclerosis ?

Aortic Regurgitation ?

Due to Chronic Hypertension ?

mitral regurgitation

Other conditions none

(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations.....

Of autopsy As above

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

(a) Accident, suicide, or homicide (specify) no

(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?

While at work?.....
(Specify type of place) (a) Means of injury 1

23. Signature Joseph V. Varrig (M. D. or other)
Address Practice of Dr. Varrig Date signed 7-23-40

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.....

Frank J. Duane

Licensed Embalmer No. *2645*

P. O. Address *St. Louis Mo.*

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, fact should be so stated above.