

No. 227
11-10-79
5-17-34
I X21492

MAR 11 1941

Registration District No. 784

Primary Registration District No. 104

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Ferguson, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
461 Georgia Ave, Ferguson, Mo.
(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)

8. (a) PRINT FULL NAME Henry C. Alles

3. (b) If veteran, name war No 8. (c) Social Security No. 494-01-3527

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Marie Alles 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased June 30 1881
(Month) (Day) (Year)

8. AGE: Years 59 Months 7 Days 7 If less than one day ----- hr. ----- min.

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

10. Usual occupation Sheet metal contractor

11. Industry or business OWN

MOTHER FATHER { 12. Name Anton Alles
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Forster
15. Birthplace New York
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Marie Alles

(b) Address 461 Georgia Ave., Ferguson

17. (a) burial (b) Date thereof Feb. 11 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Frieden's Cemetery

18. (a) Signature of funeral director R. Thom & H. Co

(b) Address 2707 N. Grand Blvd.

19. (a) FEB 10 1941 (b) R. Meyer M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Ferguson
(If outside city or town limits, write "RURAL")
(d) Street No. 461 Georgia Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 7th
year 1941 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from Oct 1st 1940, to Feb 7- 1941
that I last saw him alive on 2-7-41 and that death occurred on the date and hour stated above.

Immediate cause of death Crowned Thrombus

Due to Chr myocarditis 1935

Other conditions 93A
(Include pregnancy within 3 months of death)

Major findings: Of operations -----
Of autopsy none

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?

While at work? ----- (Specify type of place)
(b) Means of injury -----

23. Signature Ray Johnson (M. D. or other) MD
Address Ferguson Mo Date signed 2-8-41

Duration -----
PHYSICIAN -----
Underline the cause to which death should be charged statistically.

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

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 _____

Licensed Embalmer No. 2631

P. O. Address 27072

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.