

S. No. 2  
M-2-43  
5-17-39  
I X33697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29681

State File No. \_\_\_\_\_

Registrar's No. **8725**

FILED OCT 13 1943

Registration District No. \_\_\_\_\_

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:  
**Park Lane Hospital**  
(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. **2547 Maiden Lane**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **James I. Algeo**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

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

6. (b) Name of husband or wife **Julia Walsh** 6. (c) Age of husband or wife if alive **74** years

7. Birth date of deceased **January 10 1865**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**78 8 20** hr. min.

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

10. Usual occupation **Huckster**

11. Industry or business **Retired**

12. Name **Thomas Algeo**

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

14. Maiden name **Mary Jane Macklin**

15. Birthplace **Ireland**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Kathryn Siekman**  
(b) Address **2416 N. Grand Blvd.**

17. (a) **Burial** (b) Date thereof **10 -4-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Cullinane Bros.**

(b) Address **1710 N. Grand Blvd.**

19. (a) **OCT 2 1943** (b) **J. F. Bedeck**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **30**  
year **1943** hour **11** minute **25** pm

21. I hereby certify that I attended the deceased from **Sept 15**  
19**43** to **Sept 30** 19**43**  
that I last saw **him** alive on **Sept 30** 19**43**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Intestinal Obstruction** Duration **40 days**

Due to **Carcinoma of colon**

Due to **Hypertension**

Other conditions: **Arthritis**  
(Include pregnancy within months of death)

Major findings: **Carcinoma of colon**

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **Am. Hall** (M. D. or other) **10/43**  
Address **2416 N. Grand** Date signed \_\_\_\_\_

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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

*Fred Frick*

Licensed Embalmer No. 3186

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.**