

FILED MAR 6 1944 318

State File No. 1968

Registration District No. Primary, Registration District No. 1003 Registrar's No.

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
St. John's 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 Montgomery

(c) City or town Rhineland
(If outside city or town limits, write "RURAL")

(d) Street No. N.R.
(If rural, give location)

(e) Citizen of foreign country?.....
If yes, name country.....

3. (a) PRINT FULL NAME Hulda Allgeyer

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 27
year 1944 hour 2:15 minute A. M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Hugo Allgeyer

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased June 5 1892
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 2-1- 1944 to 2-27- 1944
that I last saw her alive on 2-26- 1944
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

51 8 22 hr. min.

Immediate cause of death Phlebotomy & effusion
Menstric embolism

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

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER { 12. Name Henry Grotewield

{ 13. Birthplace Rhineland Missouri
(City, town, or county) (State or foreign country)

{ 14. Maiden name Elida Scholten

{ 15. Birthplace Rhineland Missouri
(City, town, or county) (State or foreign country)

Major findings:
Of operations.....

Of autopsy.....

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

16. (a) Informant Hugo Allgeyer

(b) Address Rhineland, Mo.

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?.....

17. (a) Burial (b) Date thereof 3-1-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rhineland, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 14700 Washington Blvd.

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

19. (a) FEB 28 1944 (b) J. J. [Signature]
(Date received local registration) (Registrar's signature)

23. Signature Carl [Signature] (M. D. or other)
Address Humboldt, Mo. Date signed 2-28-44

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 *J. W. Wilkinson*
Licensed Embalmer No. 3575
P. O. Address.....

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.