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0M—5-43
v. 5-17-39
I | X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED AUG 29 1946

State File No. 28397

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7231

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town 5026a Idaho
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital 0
(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 0-a

(c) City or town St. Louis 15
(If outside city or town limits, write "RURAL")

(d) Street No. 5026a Idaho
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Bernard L. Allgeyer

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

3. (c) Social Security No. .....

4. Sex M 0

5. Color or race W

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

6. (b) Name of husband or wife Florence

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased Dec (Month) 9 (Day) 1902 (Year)

8. AGE: Years 43 Months 8 Days 10 If less than one day ..... hr. ..... min. 0

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

10. Usual occupation Chauffeur

11. Industry or business .....

FATHER
12. Name Alfred Allgeyer
13. Birthplace ST. Louis (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Mary Wittling
15. Birthplace St. Louis (City, town, or county) 0 (State or foreign country)

16. (a) Informant Florence Allgeyer
(b) Address 5026a Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/22/46 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset-Burial-Park-Cem

18. (a) Signature of funeral director Wm Schumacher
(b) Address 3013 Meramec st.

19. (a) AUG 20 1946 (Date received by registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 19 year 1946 hour 9 minute 50 A M.

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

Immediate cause of death Coronary Thrombosis

Due to .....

Due to 94

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 0

23. Signature Alfred G. Perry (M. D. or other)

Address Ozark Cavern Date signed 8/19/46

(Licensed Embalmer's Statement on Reverse Side)

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 Francis Williamson

Licensed Embalmer No. 3565

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.