

Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Johns Station  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3241 Marshall Road  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 25 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Johns Station  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3241 Marshall Road  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Lorraine A. Allgire

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

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

6. (b) Name of husband or wife Raymond K. Allgire 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Sept. 1, 1895  
(Month) (Day) (Year)

8. AGE: Years 51 Months 7 Days 12 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

12. Name William P. Werner

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

14. Maiden name Sophie Ritchie

15. Birthplace Bloomsdale Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Raymond K. Allgire

(b) Address 3241 Marshall Rd.

17. (a) Burial (b) Date thereof April, 16, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Colliers Funeral Home  
(b) Address 10123 St. Charles Road

19. (a) 4-15-47 (b) Lorraine A. Allgire  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13  
year 1947 hour 9 minute 40 P.M.

21. I hereby certify that I attended the deceased from July 16, 1946 to April 13, 1947  
that I last saw him alive on April 12, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the Liver - Secondary Anamniotic Cholelithiasis

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

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

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

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

(b) Date of occurrence No

(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 \_\_\_\_\_

Signature D. G. P. Murphy (M. D. or other) \_\_\_\_\_  
Date signed 4-15-47

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

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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 *Sheldon Collier*

Licensed Embalmer No. *3382*

P. O. Address *10123 St. Chas. Rd*

**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.**