

FILED JUL 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25747

No. 300
10-48

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

BIRTH NO.: _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1631

1. PLACE OF DEATH a. COUNTY <u>St. Louis.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Countryside Club Hills</u>		c. LENGTH OF STAY (In this place) <u>1 year</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>5666 Gatesworth Avenue</u>		e. STREET ADDRESS (If rural, give location) <u>5666 Gatesworth Avenue</u>	
3. NAME OF DECEASED (Type or Print) <u>George</u>		a. (First) _____ b. (Middle) _____ c. (Last) <u>Allerdissen</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>July 7 1954</u>		5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>		8. DATE OF BIRTH <u>October 23, 1895</u>	
9. AGE (In years, last birthday) <u>58</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Repairman</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>St. Louis Public Service</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>August Allerdissen</u>	
13b. MOTHER'S MAIDEN NAME <u>Anna Schewe</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Edward Allerdissen, 3110 Hampton</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4201</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>6/1/53</u> , 19____, to <u>7/7/54</u> , 19____, that I last saw the deceased alive on <u>Jan. 20, 1954</u> , and that death occurred at <u>7:40 P.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>M. A. Heverman, M.D.</u>		23b. ADDRESS <u>4339 Natural Bridge</u>	
23c. DATE SIGNED <u>7/8/54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>July 10, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Friedens Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Math Hermann & Son, Inc.,</u>	
25. ADDRESS <u>2161 E. Fair Av</u>		DATE REC'D BY LOCAL REG. <u>7/9/54</u>	
REGISTRAR'S SIGNATURE <u>Robert R. ...</u>		26. (Licensed Embalmer's Government 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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.