

FILED SEP. 1 1955

THE DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **27411**  
**6641**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE **Missouri** b. COUNTY \_\_\_\_\_

b. CITY OR TOWN **St. Louis** c. LENGTH OF STAY (in this place) \_\_\_\_\_  
c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town?  
Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION **2617 Hebert St.**  
e. STREET ADDRESS (If rural, give location)  
**20 2617 Hebert St.** *22090*

3. NAME OF DECEASED a. (First) **MARY** b. (Middle) \_\_\_\_\_ c. (Last) **ALLGEYER**  
4. DATE OF DEATH (Month) (Day) (Year) **7-31-1955**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widow** 8. DATE OF BIRTH **2-25-1870**  
9. AGE (In years last birthday) **85** IF UNDER 1 YEAR Months **5** Days **6** IF UNDER 24 HRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **At Home** 10b. KIND OF BUSINESS OR INDUSTRY **Home Work**  
11. BIRTHPLACE (City and State or Foreign Country) **St. Louis Mo.** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Martin Wittling** 13b. MOTHER'S MAIDEN NAME **Barbara Koeler** 14. NAME OF HUSBAND OR WIFE **Alfred J Allgeyer (Deceased)**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give branch (see of service)) **No** 16. SOCIAL SECURITY NO. **None** 17. INFORMANT'S SIGNATURE OR NAME **Theresa Allgeyer** ADDRESS **2617 Hebert St.**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Arteriosclerosis, generalized 10 yrs**  
INTERVAL BETWEEN ONSET AND DEATH \_\_\_\_\_

\*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_

OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. **Heart Prostration** **1 week**

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION **4500 F** 20. AUTOPSY? YES  NO

21a. ACCIDENT OR SUICIDE (Specify) \_\_\_\_\_ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) \_\_\_\_\_

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from **June 3, 1950**, to **Aug 31, 1955**, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **6:45 P.M.** from the causes and on the date stated above.

23a. SIGNATURE **William A. Deery MD** (Degree of title) 23b. ADDRESS **634 N. Grand** 23c. DATE SIGNED **Aug 1, 55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **8-3-1955** 24c. NAME OF CEMETERY OR CREMATORY **Calvary Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis Mo**

DATE REC'D BY LOCAL REG. **AUG 1 1955** REGISTRAR'S SIGNATURE **Carl Smith MD** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **WINGBERMUEHLE 3819 So. Grand Blvd**

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

**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 *Geo. J. Dembermehl*

Licensed Embalmer No. *46*

P. O. Address *St. Louis*

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.