

FILED OCT 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30540

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8587**

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place) 3 DAYS	c. CITY OR TOWN Webster, Groves
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS 527 Olive Court		(If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) OWEN b. (Middle) RALPH c. (Last) ALLGEIER			4. DATE OF DEATH (Month) (Day) (Year) 9-30-1955		
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 5-27-1890	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer		10b. KIND OF BUSINESS OR INDUSTRY Laclede Gas Co.		11. BIRTHPLACE (City and State or Foreign Country) Mountain Grove Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME Henry F Allgeier		13b. MOTHER'S MAIDEN NAME Isa Benson		14. NAME OF HUSBAND OR WIFE Grace Allgeier	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W. # 1		16. SOCIAL SECURITY NO. 493-05-2252		17. INFORMANT'S SIGNATURE OR NAME Mrs. O.R. Allgeier ADDRESS 527 Olive Ct.	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction			INTERVAL BETWEEN ONSET AND DEATH 4 days	
		ANTECEDENT CAUSES DUE TO (b) Coronary Occlusion				
		DUE TO (c)				
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **Sept. 26, 1955**, to **Sept. 30, 1955**, that I last saw the deceased alive on **Sept. 30, 1955** and that death occurred at **3:45 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. R. Goodrich, M.D.		23b. ADDRESS 19 E. Lockwood Ave. Webster Groves 19, Mo.		23c. DATE SIGNED 9-30-55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 10-1-1955		24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory		24d. LOCATION (City, town, or county) (State) St. Louis Mo.	
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DATE REC'D BY LOCAL REG. SEP 30 1955		REGISTRAR'S SIGNATURE J. Earl Smith, md		FUNERAL DIRECTOR'S SIGNATURE Rarker-aldruch Webster Groves Mo ADDRESS	
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S.P. (Licensed Embalmer's Statement on Reverse Side)

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 *Neville B. Frohwitter*.....

Licensed Embalmer No. *3696*.....

P. O. Address *15 W. Lockwood*.....

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: