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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31823**
Registrar's No. **2242**

FILED OCT 8 - 1955

BIRTH NO. **49203-55** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **347**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, write RURAL and give town) Richmond Heights		c. CITY OR TOWN Washington	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 1 mo.		e. STREET ADDRESS (If rural, give location) NONE	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Gary b. (Middle) Steven c. (Last) Alleemann			4. DATE OF DEATH (Month) (Day) (Year) Sept. 26, 1955	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Aug. 25, 1955	9. AGE (In years last birthday) 1 IF UNDER 1 YEAR Months 1 IF UNDER 24 HRS. Days 1 Hours 1 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (City and State or Foreign Country) Washington, Mo.	
13a. FATHER'S NAME Roy Alleemann			12. CITIZEN OF WHAT COUNTRY? U.S.	

13b. MOTHER'S MAIDEN NAME Stella Hahne		14. NAME OF HUSBAND OR WIFE None		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Roy Alleemann, Washington, Mo. ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Upper Respiratory tract under development & arrested ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) & arrested DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 1 month
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) 1130	
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 **Aug 29, 1955**, to **Sept 26, 1955**, that I last saw the deceased alive on **19**, and that death occurred at **10:20 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE P. J. Danner (Degree or title)		23b. ADDRESS 634 N. Grand		23c. DATE SIGNED 9-27-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9-27-55		24c. NAME OF CEMETERY OR CREMATORY St. James Cemetery	
24d. LOCATION (City, town, or county) (State) Stony Hill, Mo.					

DATE REC'D BY LOCAL REG. 9-28-55		REGISTRAR'S SIGNATURE Richard N. Allen		25. FUNERAL DIRECTOR'S SIGNATURE Hugo H. Blumer, Hermann, Mo. ADDRESS	
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(Licensed Embalmer's Signature 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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.