

FILED SEP 26 1956

Registration District No. ....

318

Primary Registration District No. ....

1003

Registrar's No. ....

8186

300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Franklin</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis,</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>New Haven,</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Deaconess Hospital</b>			Length of stay in 1b <b>4 Days</b>			d. STREET ADDRESS <b>--</b> (If outside, give location)		
3. NAME OF DECEASED (Type or print) <b>Louise C. Allersmeyer</b>				4. DATE OF DEATH <b>Sept. 2, 1956</b>				
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Sept. 12, 1883</b>		
9. AGE (In years last birthday) <b>72</b>		IF UNDER 1 YEAR Months Days Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>		
11. BIRTHPLACE (City and state or country) <b>Brighton, Iowa</b>				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>				
13. FATHER'S NAME <b>Conrad Kern</b>				14. MOTHER'S MAIDEN NAME <b>Catherine Meckel</b>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No. Nil.</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>Edith Wiese, 205 Graybridge Road</b>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Gangerene -- both legs</b>						INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis of the abdominal aorta</b>						?		
DUE TO (c) <b>Generalized Arteriosclerosis</b>						?		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>450.1</b>					
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>New Haven, Mo.</b>		COUNTY STATE		
21. I attended the deceased from <b>Aug. 29, 1956</b> to <b>Sept. 2, 1956</b> and last saw <sup>her</sup> <del>him</del> <b>Sept. 2, 1956</b> Death occurred at <b>6:45 a.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <b>X [Signature] M.D.</b>				22b. ADDRESS <b>634 N. Grand Blvd.</b>		22c. DATE SIGNED <b>9-4-56</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>9-2-56</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Senate Grove Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>New Haven, Mo.</b>		
24. FUNERAL DIRECTOR <b>Albert H. Hoppe</b>			ADDRESS <b>4700 Washington</b>		25. DATE RECD. BY LOCAL REG. <b>SEP 4 1956</b>		26. REGISTRAR'S SIGNATURE <b>[Signature]</b>	

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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 em  
by me, ~~or~~ by ..... Student Embalmer No. ....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Etton R. Remeluis*

Licensed Embalmer No. *42*

P. O. Address *St. Louis*

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