

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-041226

STATE FILE NUMBER

FILED DEC 9 1958

Registration District No. 318 Primary Registration District No. 1003

Registrar's No. 11356

300
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE		b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Chronic Hosp.		Length of stay in 1b 11 1/2 yrs.		d. STREET ADDRESS (If outside, give location) 1023 N. 9th St.	
3. NAME OF DECEASED (Type or print) First Middle Last Edward August Allers			4. DATE OF DEATH Month Day Year 11-24-58		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Feb. 2, 1881	9. AGE (In years last birthday) 77 yrs	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Wall Washer		10b. KIND OF BUSINESS OR INDUSTRY Del Monte Hotel		11. BIRTHPLACE (City and state or country) Mo.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Charles Allers		13b. MOTHER'S MAIDEN NAME -- Sarah Engelman	
14. NAME OF HUSBAND OR WIFE -- None		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. None	
17. INFORMANT Mrs. Viola Giardina		Address 6104 Ridge			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Heart Failure					INTERVAL BETWEEN ONSET AND DEATH 1 yr.
DUE TO (b) Arteriosclerotic Heart Disease					11 yrs.
DUE TO (c) Generalized Arteriosclerosis					11 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Grand Mal Epilepsy - 26 yrs.					IF 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.) 420.0			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			
20e. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from Death occurred at 7:45 A.M.		to 11-24-58		and last saw her alive on 11-24-58	
22a. SIGNATURE (Degree or title) John W. Beckham, M.D.		22b. ADDRESS 5800 Arsenal		22c. DATE SIGNED 11/24/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov. 26/58		23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	
23d. LOCATION (City, town, or county) St. Louis Co., Mo		(State)			
24. FUNERAL DIRECTOR ALEXANDER & SONS 6175 Welmar		ADDRESS		25. DATE RECD. BY LOCAL REG. NOV 25 58	
26. REGISTRAR'S SIGNATURE Carl Smith - MO		m & B.			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *jos. E Mculloch*

Licensed Embalmer No. *2460*

P. O. Address. *to 1738 Delmo*

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.