

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-017755

FILED VS APR 22 1960

INDEXED

Registration District No. 317 Primary Registration District No. 390 Registrar's No. 1198 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) Wellston		Length of stay in 1b 2 yrs.	c. CITY OR TOWN University City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION Rockwood Nursing Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 6250 Olive St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First MISS LOUISE Middle (NMN) Last ALLMEROOTH			4. DATE OF DEATH Month April Day 11, Year 1960		
5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/10/1868	9. AGE (last birthday) 92	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Landlord-Owner		10b. KIND OF BUSINESS OR INDUSTRY 4 Family Apt.	11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Martin Allmeroth		13b. MOTHER'S MAIDEN NAME Louise Katz		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give dates of service) No None		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Mr. Ida M. Fox 5951 Washington (12)	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Septicemia			INTERVAL BETWEEN ONSET AND DEATH 10 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Gangrene of both feet		2 weeks
	DUE TO (c) Peripheral arteriosclerosis		many years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Scurvy, General Arteriosclerosis			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)	
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	COUNTY	STATE
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21. I attended the deceased from Sept 1959 to present and last saw her alive on 4-6-60
Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. J. Koufa M.D.		22b. ADDRESS 539 N. Grand		22c. DATE SIGNED 4/11/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4/13/1960	23c. NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri

24. FUNERAL DIRECTOR ADDRESS Alexander & Sons 6175 Delmar Blvd.		25. DATE RECD. BY LOCAL REG. 4-12-60	26. REGISTRAR'S SIGNATURE (State) <i>[Signature]</i>
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DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

Dr. Jos. F. Roufa
539 No. Grand Blvd.
JE3-1709

2 PM till 2:30 PM Mon.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Joseph McCulloch

Licensed Embalmer No. 272
P. O. Address 1709

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

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.