

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

13230

1. PLACE OF DEATH

County.....
Township.....
City St. Louis (No. Christian)

Registration District No. 791
Primary Registration District No. 1003

File No.
Registered No. 3792
St. Ward)

2. FULL NAME

Kathryn Algemissen

(a) Residence. No. 3619 1/2 Cass Ave. St. 11 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Algemissen

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 29-1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 11 28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Germany

10. NAME OF FATHER Dont Know

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Dont Know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT John Algemissen
(Address) 3619 1/2 Cass Ave.

15. FILED 20 1929 W. E. Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 27 1929

17. I HEREBY CERTIFY, That I attended deceased from 3/10, 1929, to March 27, 1929 that I last saw h. alive on March 27, 1929, and that death occurred, on the date stated above, at 1:45 P. M.

59 THE CAUSE OF DEATH* WAS AS FOLLOWS:

82A
97C Chorea of Handicaps
Arteriosclerotic Hypertension
(duration) yrs. mos. 17 ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis
Diabetes Mellitus (duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Geo. A. Mellies, M. D.

3/28, 1929 (Address) 2917 St Louis Ave.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Walshs Cemetery March 30 1929

20. UNDERTAKER ADDRESS
Catholic Bros 1702 Grand

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE CAREFULLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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