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

Do not use this space.

42607

File No. 12388

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. Mo Baptist Sanitarium St. ..... Ward)

2. FULL NAME Lou M. Alger

(a) Residence. No. 234 E. Argonne Dr. St., 12 Ward. Kirkwood Mo
(Usual place of abode) (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: F

4. COLOR OR RACE: Wh

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Jason F. Alger

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 28-1854

7. AGE: Years 75 | Months 10 | Days 21 | If LESS than 1 day, ... hrs. or ..... min.

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) Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER: Daniel West

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

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): unknown
(STATE OR COUNTRY): do

14. INFORMANT: F. W. Alger
(Address) 234 E. Argonne Dr. Kirkwood Mo

15. FILED ..... 19..... Dan C. Stanton
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 19- 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1929 to December 19, 1929 that I last saw he alive on December 19, 1929, and that death occurred, on the date stated above, at 10 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arterio-sclerosis
Senility
185 (duration) yr. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) Fracture of hip
Failing to Sideway 22 ds.
Accident

18. WHERE WAS DISEASE CONTRACTED? at home
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF no
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical and Xray Exam
(Signed) W. R. Lodge M. D.
12/19, 1929 (Address) 3913 Olive St.

*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: Oak Hill Cemetery — DATE OF BURIAL: 12/21 1929

20. UNDERTAKER: Louis H. Bopp — ADDRESS: Kirkwood Mo.

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.

WHITE PAPER, WITH GRADING INK—THIS IS A PERMANENT RECORD