

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.

DEC 26 1931

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

Do not use this space.

38723

1. PLACE OF DEATH

County St. Charles
Township Dardenne
City (No.) St. Ward)

Registration District No. 760
Primary Registration District No. 6001

File No.
Registered No. 178

2. FULL NAME

(a) Residence, No. St. Peter's Roselle 1. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 74 yrs. 3 mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Mrs. Lena Algemissen (OR) WIFE OF deceased
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 11 - 1857
7. AGE YEARS 74 MONTHS 3 DAYS - If LESS than 1 day _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) St. Charles Co. Mo. (STATE OR COUNTRY)

13. NAME John Algemissen

14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

15. MAIDEN NAME not known

16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

17. INFORMANT Dr. Wm. Algemissen (ADDRESS) Osella Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Dallan Mo. DATE 11/14 1931

19. UNDERTAKER E. A. Kestly (ADDRESS) Dallan Mo.

20. FILED 11/12 1931 J. M. Jenkins M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 11 1931

22. I HEREBY CERTIFY, That I attended deceased from Apr. 10 1931 to Nov 18 1931
I last saw him alive on Nov 10 1931. Death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Papuleyema
toxic Nephritis
121
131

Other contributory causes of importance:

None

Name of operation _____ Date of _____

What test confirmed diagnosis? Urinal Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) L. H. Rosenberger M. D.

(Address) Dallan Mo.

