

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Member

Do not use this space.

17203

1. PLACE OF DEATH

County St. Charles Registration District No. 757
Township H 8 Primary Registration District No. 3086
City St. Charles (No. St. Joseph's Hospital) St. _____ Ward _____

File No. _____
Registered No. 88

2. FULL NAME

Anna Lee Algenissen

(a) Residence, No. 1128 N. 4th St., _____ Ward _____
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 23-1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
— — 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) (STATE OR COUNTRY) St. Charles Mo.

13. NAME Leo Algenissen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Peter Mo.

15. MAIDEN NAME Anna Hollander

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

17. INFORMANT Leo Algenissen
(ADDRESS) 1128 N. 4th St. St. Charles Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Charles Burial Home DATE May 27, 1932

19. UNDERTAKER H. S. Longmeyer No. 60
(ADDRESS) 800 N. 2nd St. St. Charles Mo.

20. FILED 5/28, 1932 By H. Bluebaum
Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1932 to May 28, 1932
I last saw her alive on May 27, 1932 Death is said to have occurred on the date stated above, at 1109 m.

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

Congenital Volvulus of the intestine (Oleum)

Date of onset

Other contributory causes of importance: _____

Name of operation Enterostomy Date of 5/25/32

What test confirmed diagnosis? operational 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) B. L. Neubeiser, M. D.

(Address) St. Charles, Mo.

