

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

Do not use this space.

42129

**1. PLACE OF DEATH**

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City..... St. Louis, Missouri No. 5453 ; Robert

File No.....  
Registered No. 11255  
St. .... Ward)

**2. FULL NAME** Mrs. Augusta E. J. Allmeroth

(a) Residence, No. 5453 Robert St., 2 Ward.

Length of residence in city or town where death occurred 66 yrs. 5 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6, 1866

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
<u>66</u>	<u>5</u>	<u>9</u>		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>2 1/4</u>	
	10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (CITY OR TOWN) St. Louis, Missouri (STATE OR COUNTRY)

MOTHER FATHER

13. NAME Anton Imhof

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

MOTHER

15. MAIDEN NAME Christine (Unknown)

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

17. INFORMANT William A. Allmeroth (ADDRESS) 5453 Robert Av

18. BURIAL, CREMATION, OR REMOVAL PLACE Concordia Cemetery DATE December 19, 1932

19. UNDERTAKER Reiderwidow Funeral Home, Inc (ADDRESS) 1936 Locust St

20. FILED LEU 19 1932 19 Map E Franklyn Registrar.

**1 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from November 24, 1932, to December 15, 1932 I last saw her alive on December 15, 1932 Death is said to have occurred on the date stated above, at 7:30 P.M.

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

Cancer of the Colon

Date of onset Indefinite

Other contributory causes of importance:

Arteriosclerosis

Name of operation..... Date of.....  
What test confirmed diagnosis? Clinical 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?  
If so, specify.....  
(Signed) O. E. J. Hinkle, M. D.  
(Address) 2278 S. Jefferson

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.

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