

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

Do not use this space.

38442

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis (No. Christian Hospital St. .... Ward)

File No. ....  
 Registered No. 10104

**2. FULL NAME**

(a) Residence, No. John Algormissen  
3619a Olive 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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June - 20 - 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
74 5 9

OCCUPATION 8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Retired  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. wood worker  
 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) Germany

13. NAME John Algormissen

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

15. MAIDEN NAME Algormissen

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

17. INFORMANT (ADDRESS) Geo. A. Mellies  
2743 N. Grand

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cem. DATE Nov. 24 1933

19. UNDERTAKER (ADDRESS) Cullinan Bros.  
1700 N. Grand

20. FILED NO. 20 1000 19 33  
J. F. Bredeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November - 21 - 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 19, 1931, to Nov 21, 1933

I last saw him alive on Nov 21, 1933. Death is said to have occurred on the date stated above, at 10 A. m.

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

Myocarditis chronic  
Intermittent prefrills  
 Other contributory causes of importance:  
Chronic  
Intermittent prefrills

Date of onset

10/17/31

10/19/31

Name of operation no 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 no

(Signed) Geo. A. Mellies, M. D.  
 (Address) 2743 N. Grand

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.

105

10  
31  
31

Geo. A. Mellis

2747 N. Grand

7-8pm