

DEC 6 1935 MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
~~THIS SUPPLEMENTARY.~~

1. PLACE OF DEATH

County St. Charles  
Township Dardenne  
City St. Peters (No. \_\_\_\_\_)

Registration District No. 760  
Primary Registration District No. 6001

File No. 3 37124  
Registered No. 42  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Henry Bernard Algermissen

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 86 yrs. 2 mos. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Magdalene Algermissen (OR) WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 26, 1845  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
89 10 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. lumber dealer  
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) to death 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) Hanover (STATE OR COUNTRY) Germany

13. NAME Henry Algermissen

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

15. MAIDEN NAME Elizabeth Algermissen

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

17. INFORMANT Mrs. F.J. Iffrig (ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL  
PLACE St. Peters, Mo. DATE Nov. 18 35

19. UNDERTAKER Geo. Stiefvater (ADDRESS) St. Peters, Mo.

20. FILED 11/16 1935 W. C. Caldwell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1932 to Nov. 14, 1935

I last saw him alive on Nov. 14, 1935. Death is said to have occurred on the date stated above, at 3:30 PM

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

Myocarditis  
Other contributory causes of importance Senility

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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) J. M. Jankins M. D.  
(Address) St. Peters, 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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

