

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.

MAY 7 1937

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

Do not use this space.

14305

1. PLACE OF DEATH

County

Registration District No.

791
1003

File No.

Township

Primary Registration District No.
City Hospital No. 1

Registered No.

3801

City St. Louis

(No.)

St.

Ward)

C. 0110

John Allemann

2. FULL NAME

5432 ARLINGTON

(a) Residence, No.

(Usual place of abode)

St.

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)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED.

HUSBAND OF
(OR) WIFE OF

Elizabeth Allemann

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

Feb 27 - 1850

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, hrs.

or min.

37

1

11

OCCUPATION

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) (STATE OR COUNTRY)

Missouri

13. NAME

John Allemann

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

Germany

15. MAIDEN NAME

Unknown

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

Germany

17. INFORMANT (ADDRESS)

Hosp. Info. I. H. Kent
City Hospital No. 1

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Herman, Mo. April 11, 1937

19. UNDERTAKER (ADDRESS)

Albert H. ...
429 ...

20. FILED

APR 9 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

4/8/37

, 19

22. I HEREBY CERTIFY, That I attended deceased from

4/3/37

, 19

to

4/8/37

, 19

I last saw him alive on 4/8/37

, 19

to have occurred on the date stated above, at 11.35 p.m.

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

Gastric ulcer & hemorrhage

Date of onset

Other contributory causes of importance:

Cholecystitis
Gastric ulcer with stones

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external cause (violence), fill in also the following:

Accident, suicide, or homicide?

Date of injury

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) ... M. D.

(Address)

City Hospital No. 1

