

REC'D JUN 19 1939

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

182610

Do not use this space.

1. PLACE OF DEATH

(a) County Cape Girardeau Registration District No. 120
(b) Township " Primary Registration District No. 3009
(c) City " (d) Street No. Lorimer School St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 115 No. Park St. ☐ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 Addie Allers
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 21-1873
7. AGE YEARS 65 MONTHS 8 DAYS 2 If LESS than 1 day, hrs. min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Custodian
9. Industry or business in which work was done, as saw mill, bank, etc. Lorimer School
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) Tilsit, Mod

13. NAME Wm

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

15. MAIDEN NAME Rachel Niennstedt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau, Mo.

17. INFORMANT (ADDRESS) Mrs Albert Allers Cape Girardeau Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lorimer Cem DATE May 25 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Walters and Co Cape Girardeau Mo.

20. FILED 1-23 139 gm Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23 1939

22. I HEREBY CERTIFY, That I attended deceased from ", 19", to ", 19".

I last saw h. " alive on ", 19". Death is said to have occurred on the date stated above, at " m.

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

O.E.R. linked coroner's report
concluded after hearing of the
deceased from the cause and
cause of death that the
deceased Albert Allers came to

Other contributory causes of importance:
his death by heart failure

Name of operation " Date of "

What test confirmed diagnosis? " Was there an autopsy? "

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) E. R. Linker, Coroner M.D.

(Address) Headquarters St. Cape Girardeau 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.

STATEMENT BY LICENSED EMBALMER
COUNTY OF _____
STATE OF _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

_____, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.