

No. 2
11-10-39
1-17-39
1 X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

20187

State File No. _____

Registration District No. 794 Primary Registration District No. 1003

Registrar's No. 5135

1. PLACE OF DEATH:

(a) County St. Louis Mo.
(b) City or town St. Louis Mo.
(c) Name of hospital or institution: 1010 Pine St.
(d) Length of stay: In hospital or institution 10 yrs
In this community 10 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____
(c) City or town St. Louis
(d) Street No. 3646 SALONA
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Fred Alles 420

3. (b) If veteran, name war No 3. (c) Social Security No. 488-07-6920

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Elsie 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased Aug 9 1892
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>47</u>	<u>10</u>	<u>1</u>	hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation MAINTEN

11. Industry or business Bell Telephone Co.

12. Name George Alles

13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Josephine Koenig

15. Birthplace La Salle Ill
(City, town, or county) (State or foreign country)

16. (a) Informant Clisie Alles
(b) Address 3646 Salona St.

17. (a) Burial (b) Date thereof 6-13-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director W. D. Bro. F. & U. Co.
(b) Address 2929 S. Jefferson Ave.

19. (a) JUN 12 1940 (b) _____
(Date received local registrar)

MEDICAL CERTIFICATION
no attending physician
20. DATE OF DEATH: Month June day 10th
year 1940 hour 4 minute 45 P M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Aortic Stenosis with Hypertrophy
Contrib: Chronic Pulmonary Emphysema

Due to (non tubercular)

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 920
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury 5

23. Signature [Signature] (M. D. or other) _____
Address _____ Day _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.