

FILED FEB 18 1941

Registration District No. **773**

Primary Registration District No. **6018A**

Registrar's No. **17**

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

1. PLACE OF DEATH

(a) County **St. Francois**
(b) City or town **Rural St. Francois**
(If outside city or town limit, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **21 years** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Francois**
(c) City or town **Rural**
(If outside city or town limit, write "RURAL")
(d) Street No. **2 miles South of Farmington**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

3. (a) PRINT FULL NAME

Nicholas Allgier

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Emma Ann Allgier** 6. (c) Age of husband or wife if alive **75** years

7. Birth date of deceased **Nov. 9 1865**
(Month) (Day) (Year)

8. AGE: Years **75** Months **2** Days **24** If less than one day _____ hr. _____ min.

9. Birthplace **Palestine, Iron Co., Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **Agriculture**

12. Name **Nicholas Allgier**

13. Birthplace **Baden, Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Catherine Heist**

15. Birthplace **Baden, Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **W. M. Allgier**

(b) Address **Risco, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **2-7-41**
(Month) (Day) (Year)

(c) Place: burial or cremation **W.P. at Dropton Farmington, Mo.**

18. (a) Signature of funeral director **W.P. at Dropton Farmington, Mo.**
(b) Address _____ (c) Means of injury _____

19. (a) **Feb 4-41** (b) **R. J. Robinson**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **3**, year **1941** hour **10** minute **A** M.

21. I hereby certify that I attended the deceased from **Feb. 1**, 19**41**, to **Feb. 3**, 19**41**;
that I last saw him alive on **Feb. 3**, 19**41**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac Failure, following profuse epistaxis.**
Due to **Hypertensive Cardiovascular disease**
Due to **General Arteriosclerosis**
Other conditions **Tenacity**
(Include pregnancy within 3 months of death)

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

Major findings: Of operations **92%**
Of autopsy _____

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 _____
23. Signature **Richard Crowl** M. D. **Feb. 4 1941**
Address **Farmington, Mo.** Date signed _____

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.....

C. Hugo Cozcan
.....
Licensed Embalmer No. *40824*

P. O. Address *St. Louis, Mo.*

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.