

No. 2
-18-40
-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

22807

State File No. _____

Registration District No. 784

Primary Registration District No. 300

Registrar's No. 1317

1. PLACE OF DEATH:

(a) County St. Louis, County

(b) City or town 9108 Halls Ferry Road
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Nil
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Nil
(Specify whether years, months or days)

In this community 12 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Jennings
(If outside city or town limits, write "RURAL")

(d) Street No. 9108 Halls Ferry Road.
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

3. (a). PRINT FULL NAME Minnie Allers

3. (b) If veteran, name war Nil

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Geroge Allers

6. (c) Age of husband or wife if alive deceased

7. Birth date of deceased Oct. 27th 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

63 7 25 _____ hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business None

MOTHER FATHER { 12. Name Frank Giese

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

14. Maiden name Anna Beinfuhr

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

16. (a) Informant Arthur Allers

(b) Address 9108 Halls Ferry Rd.

17. (a) Burial (b) Date thereof June 25th 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Cluedarney & Sons

(b) Address 3934 E. 20th St.

19. (a) JUN 24 1941 (b) P. Meyer, M.D.
(Date received local registrar) (Registrar's signature)

(Licensed Embalmers' Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22
year 1941 hour 12 minute 15 P. M.

21. I hereby certify that I attended the deceased from May 31
1941 to June 22, 1941;
that I last saw her alive on June 22, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death. Pulmonary infarct Duration 5 days

Due to Thrombo phlebitis 9 3/4 14 days

Due to _____

Other conditions Chronic myocarditis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

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 _____

23. Signature Peter Beck, M.D. (M. D. or other) 0

Address 4701 St Louis Ave Date signed 6/24/41

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..... *Alfred J. Bredetter*

Licensed Embalmer No. *2663*

P. O. Address. *5934 Alpha*

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, fact should be so stated above: