V. S. No. 2
DM—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 21 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27716

State File No.

Registration District No. 592 Primary Registration District No. 4350 Registrar's No. 16

1. PLACE OF DEATH

(a) County Montgomery
(b) City or town Montgomery City Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 35 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery
(c) City or town Montgomery City Mo
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME EMIL HENRY ALGERMISSEN
3. (b) If veteran, name war no
3. (c) Social Security No. no

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Louisa Kutsher Algermissen
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased August (Month) 31 (Day) 1871 (Year)

8. AGE: Years 66 Months 10 Days 11 If less than one day hr. min.

9. Birthplace St Peters Mo (City, town, or county) (State or foreign country)
10. Usual occupation Ice Manufacturer
11. Industry or business

MOTHER FATHER
12. Name Henry B Algermissen
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Magdalene Ernst
15. Birthplace St Peters Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Emil Algermissen
(b) Address Montgomery City Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 15 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Belle Fontaine Cemetery St Louis Mo
18. (a) Signature of funeral director Ja Nagler
(b) Address Montgomery City Mo
19. (a) July 13-42 (Date received local registrar) (b) Mrs K. Vandeveer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12 year 1942 hour 5 minute 30 P M.
21. I hereby certify that I attended the deceased from Dec 12, 1936 to July 12, 1942 that I last saw him alive on July 12, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis (Sudden death)	1 hour
Due to Chronic Myocarditis	?
Due to	
Other conditions None (Include pregnancy within 3 months of death)	
Major findings: Of operations None	
Of autopsy None	

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

23. Signature E. T. Anderson M. D. (M. D. or other)
Address Montgomery City Mo Date signed 7/13/42

(Licensed Embalmer's Statement on Reverse Side)

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 Joseph A. Marler

Licensed Embalmer No. 3658

P. O. Address Montgomery City, T

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.