. S. No. 2
DM—5-42
v. 5-17-39
9-1 X82873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

8040

State File No.

FILED MAR 20 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2368

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 202a Zepp St
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 24

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 202a Zepp St.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME George Alles

3. (b) If veteran, name war no.

X (c) Social Security No. 498-05-0977

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Aug. (Month) 27 (Day) 1890 (Year)

8. AGE: Years 52 Months 6 Days 9 If less than one day hr. min.

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

10. Usual occupation Clerk

11. Industry or business Arnolds Express.

FATHER
12. Name George Alles
13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Josephine Koenig
15. Birthplace Lasalle (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Josephine Alles
(b) Address 202a Zepp St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-10-43 (Month) (Day) (Year)
(c) Place: burial or cremation N. St. Marcus Cem

18. (a) Signature of funeral director Witt Bro. L & Nu
(b) Address 2929 S. Jefferson Av

19. (a) MAR 10 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 6 year 1943 hour 10 minute 00 p. M.

21. I hereby certify that I attended the deceased from Mar. 5 to Mar 6, 1943 to 19 that I last saw him alive on Mar 6 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis	1 yr +
Due to —	
Due to —	
Other conditions — (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? — (Specify type of place)

While at work? — (e) Means of injury

23. Signature M. W. Ganslosy (M. D. or other)

Address 3624 Arsenal Date signed 3-8-43

(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 Gustav W. Dietrle

Licensed Embalmer No. 4329

P. O. Address 2929 S. Jefferson

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.