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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15818

State File No. ....

FILED JUN 9 1943 318

Registration District No. .... Primary Registration District No. 1003

Registrar's No. 4950

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

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

(c) Name of hospital or institution:  
St. Louis City Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 28 Days  
(Specify whether 15 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 25-7

(d) Street No. 112 South Fourth St.  
(If rural, give location) 9

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country: -----

3. (a) PRINT FULL NAME Alfred Allendorf

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widower

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

7. Birth date of deceased January 7, 1888  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>55</u>	<u>4</u>	<u>2</u>	
<u>64</u>	<u>11</u>	<u>24</u>	hr. min.

9. Birthplace New York  
(City, town, or county) (State or foreign country)

10. Usual occupation Nil.

11. Industry or business Nil.

12. Name Conrad Allendorf

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

14. Maiden name Lena Borgman

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

16. (a) Informant Ann P. Morrison

(b) Address St. Louis City Hospital.

17. (a) Place of burial or cremation St. Louis  
(Burial, cremation, or removal) Date thereof 5-10-43  
(Month) (Day) (Year)

18. (a) Signature of funeral director J. F. Brueck

(b) Address 2500 Rutledge

19. (a) MAY 28 1943 (Date received local registrar) (b) J. F. Brueck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9, year 1943 hour 7:55 minute April A. M.

21. I hereby certify that I attended the deceased from 11, 1943 to May 9, 1943  
that I last saw him alive on May 9, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death pulmonary tuberculosis

Due to -----

Due to -----

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

Major findings: Of operations -----

Of autopsy None done

Duration

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 0

23. Signature Francis J. Sullivan (M.D. or other) M.D.

Address 1515 Lafayette Avenue Date signed 5/10/43

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

MOTHER FATHER

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**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, fact should be so stated above.**