

No. 2
2-43
17-30
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22326
Registrar's No. 1527

Registration District No. 317

Primary Registration District No. 3063

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 1
(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..... (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 7736 Forsythe Blvd.
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME Cornelia Roxana Allemang

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Milford Allemang

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

7. Birth date of deceased Sept. 30 1858
(Month) (Day) (Year)

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

84 9 1 hr. min.

9. Birthplace Grafton, Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

12. Name John W. Slatten

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

14. Maiden name Ann Frances Piggott

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

16. (a) Informant Raymond D. Allemang

(b) Address 7736 Forsythe Blvd., Clayton, Mo.

17. (a) Burial (b) Date thereof 7 3 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grafton, Ill.

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address Clayton Road at Concordia Lane

19. (a) III 3 1943 (b) C. J. McCarry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1st
year 1943 hour 7 minute P M.

21. I hereby certify that I attended the deceased from 7/12-13 1943 to July 1 1943;
that I last saw her alive on July 1 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to Senility

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings:
Of operations 938

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?

(Specify type of place) (e) Means of injury

While at work? 0

23. Signature [Signature] (M. D. or other) 7/12/43

Address #2, South Central Ave. Date signed 7/12/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Van M. Spenor

Licensed Embalmer No.....

4343

P. O. Address.....Maplewood, Missouri.

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.