

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 10 1944

Registration District No. 23

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3010

10569

State File No. _____

Registrar's No. 103.

1. PLACE OF DEATH:

(a) County Cape Girardeau, Mo
(b) City or town Cape Girardeau, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. 14 da. (Specify whether
In this community 1 mo. 14 da. years, months or days)

3. (a) PRINT FULL NAME William Calvin Allgier

3. (b) If veteran, name was No 3. (c) Social Security No. None

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 January 27 1944
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 27 hr. min.

9. Birthplace Cape Girardeau, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation infant

11. Industry or business _____

12. Name C. L. Allgier

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

14. Maiden name Louella Craven

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

16. (a) Informant C. L. Allgier

(b) Address Malden, Missouri

17. (a) Burial (b) Date thereof Mar. 14, 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MALDEN, MO.

18. (a) Signature of funeral director DAY FUNERAL HOME

(b) Address MALDEN, MO.

19. (a) 3-16-44 (b) W. H. Phelps
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin 35
(c) City or town Malden 3
(If outside city or town limits, write "RURAL") 1
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13th
year 1944 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from Feb 25, 1944, to March 13, 1944
that I last saw him alive on March 13, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Congenital Heart Disease all lips
Duration

Due to _____

Due to _____

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

Major findings: 1572
Of operations _____

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? _____

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

23. Signature W. H. Phelps (M. D. or other) 0

Address Cape Girardeau Mo Date signed 3/14/44

RECEIVED

District Health Officer No. 4

District File Number 444-36

Date Filed 4-7-44

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

working under my personal supervision. _____, Registered Apprentice No. _____

Signed

J. E. Schuman

Licensed Embalmer No. 4086

P. O. Address Malden, Ma

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.