

FILED MAY 31 1948

Registration District No.

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
 (b) City or town..... St. Louis, Missouri
 (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..... 3 days
 (Specify whether years, months or days)
 In this community..... 64 yrs. 11 mos. 7 das

3. (a) PRINT FULL NAME

Joseph Alge3. (b) If veteran,
name war.....no

3. (c) Social Security

No. 493-05-6708

4. Sex..... male
 5. Color or race..... white
 6. (a) Single, widowed, married,
 divorced..... married
 6. (b) Name of husband or wife.....
Annie Agle
 6. (c) Age of husband or wife if
 alive..... 73 years
 7. Birth date of deceased..... May 21, 1879
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 11 7 hr. min.

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

10. Usual occupation..... shoemaker

11. Industry or business.....

MOTHER FATHER
 12. Name..... Fred Alge
 13. Birthplace..... unknown unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name..... unknown
 15. Birthplace..... unknown unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant..... Annie Agle(b) Address..... 2342a Warren St

17. (a)..... burial (b) Date thereof..... 5-1-144
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Calvary Cemetery18. (a) Signature of funeral director..... J. J. Beedeck(b) Address..... 2228 St. Louis Ave

19. (a)..... APR 28 1948 (b)..... J. J. Beedeck
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County.....
 (c) City or town..... St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2342a Warren St
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28th
 year..... 1944 hour..... 1:20 minute..... A. M.

21. I hereby certify that I attended the deceased from April 25th
 1944, to April 28th, 1944
 that I last saw him alive on April 28th, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death.....

Due to..... Chronic nephrosclerosis
 Due to.....

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

Major findings:
 Of operations.....

Of autopsy..... Refused

22. If death was due to external causes, fill in the following:

(c) 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..... Frank J. Beedeck (M. D. or other)
 Address..... 1515 Lafayette Date signed..... 4/28/44

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Marie A. Cashier

Licensed Embalmer No. *3949*

P. O. Address. *St. Louis Mo*

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.