

FILED APR 28 1944

Registration District No. 3722

Primary Registration District No. 3058

Registrar's No. 57

1. PLACE OF DEATH:

(a) County St. Charles
(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
314 N. Sixth Street
(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)

3. (a) PRINT FULL NAME Mrs. Adelheid Allrich

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

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

6. (b) Name of husband or wife Rev. Paul Allrich 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 8, 1882
(Month) (Day) (Year)

8. AGE: Years 61 Months 5 Days 11 If less than one day
hr. _____ min. _____

9. Birthplace St. Charles Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business

12. Name Joseph Robine

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

14. Maiden name Marie Vesskuehler

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

16. (a) Informant Adelheid Allrich

(b) Address St. Charles Mo

17. (a) Burial (b) Date thereof Mar. 21, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Johns Cemetery

18. (a) Signature of funeral director H. A. Schumacher - Paul

(b) Address 326 N. 6th St., St. Charles Mo

19. (a) Mar. 21, 1944 (b) Ernst L. Paul
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles
(c) City or town St. Charles
(If outside city or town limits, write "RURAL")
(d) Street No. 314 N. Sixth Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18
year 1944 hour 10 minute 40 P.M.

21. I hereby certify that I attended the deceased from Jan 4, 1944 to 3/18
that I last saw him alive on 3/14
and that death occurred on the date and hour stated above.

Immediate cause of death _____

ventricular fibrillation ??? seconds

Due to Heart block & auricular fibrillation 194

Due to Generalized arteriosclerosis? Essential hypertension? Coronary?

Other conditions Chronic cardiac decomp.

(Include pregnancy within 3 months of death) Hypertension throughout

Major findings: _____

Of operations _____

Of autopsy _____

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? _____

(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 0

23. Signature R. O. Hansen (M. D. or other) no

Address St. Charles, Mo Date signed 3/20/44

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 41. 21. 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.....

Licensed Embalmer No. 2115

P. O. Address St Charles 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.