

FEB JUN 29 1945

Registration District No. 160

Primary Registration District No. 3030-5592

Registrar's No. 179

1. PLACE OF DEATH:

(a) County JEFFERSON
(b) City or town FESTUS R# 2
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ✓
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution ✓ (Specify whether years, months or days) 20 years

3. (a) PRINT FULL NAME EDITH M. ALLGIRE

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

4. Sex Female 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife BERNARD 6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased November 15, 1892
(Month) (Day) (Year)

8. AGE: Years 52 Months 3 Days 7 If less than one day: hr. min.

9. Birthplace PERRY COUNTY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWORK

11. Industry or business OWN HOME

12. Name JOHN BEIGHEIN
13. Birthplace PERRY Co. MISSOURI
(City, town, or county) (State or foreign country)
14. Maiden name CHRISTINE BOXDORFER
15. Birthplace PERRY Co. MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant Bernard Allgire
(b) Address Festus, R# 2, Mo.

17. (a) Burial (b) Date thereof Feb. 26, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Capital City, Mo.

18. (a) Signature of funeral director Paul R. Polite
(b) Address Capital City, Mo.

19. (a) Feb. 24, 1945 (b) Virginia Williams Reg.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JEFFERSON
(c) City or town FESTUS
(If outside city or town limits, write "RURAL") 0
(d) Street No. R# 2 (If rural, give location) 0
(e) Citizen of foreign country? ✓ (Yes or No) 0
If yes, name country ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 22 year 1945 hour 11 minute 15 P. M.
21. I hereby certify that I attended the deceased from 2-14-45 to 2-21-45 19
that I last saw her alive on 2-21-45 19
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis
Duration

Due to 94A

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Underline the cause to which death should be charged statistically.
Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) 0
(b) Date of occurrence 0
(c) Where did injury occur? (City or town) (County) (State) 0
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0

While at work? (Specify type of place) (e) Means of injury 0

23. Signature M. S. Hansen (M. D. or other) 0
Address 222 Main St. Date signed 2-24-45

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 6-28-45

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. 3481

P. O. Address Crystal City, 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.