S. No. 2
M—5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

16

State File No.

FILED FEB 1 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 676

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Deaconess Hospital
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade 37

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

(d) Street No. 223 W. Second St.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Mary Allemann

3. (b) If veteran, name war Nil

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 Lucius Allemann

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

7. Birth date of deceased October (Month) 15 (Day) 1858 (Year)

8. AGE: Years 87 Months 3 Days 3 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name George Werle

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

MOTHER 14. Maiden name Margaret Phillips

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

16. (a) Informant Simon Allemann

(b) Address 4090 Tholozan Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-20-46 (Month) (Day) (Year)

(c) Place: burial or cremation Hermann, Missouri

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) JAN 21 1946 (Date received local registrar) J. F. Bredecke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 18 year 1946 hour 7:00 minute P. M.

21. I hereby certify that I attended the deceased from 1-2-46, 19, to 1-18-46, 19; that I last saw he alive on Jan 18 1946 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death

Due to Cirrhosis of liver

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

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? (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)

While at work? (e) Means of injury

23. Signature Arnold G. Clem (M. D. or other) MD

Address 2627 S Kingshighway Date signed 1-19-46

(Licensed Embalmer's Statement on Reverse Side)

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

2228

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. Elmo R. Cadwell

Licensed Embalmer No. 4077

P. O. Address.....

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.