

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 16 1946
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14195**
Registrar's No. **68**

Registration District No. **310**
Primary Registration District No. **3058**

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:
St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **20 minutes**
(Specify whether
In this community
years, months or days)

3. (a) PRINT NAME **Homer Manuel Algieri**
FULL NAME

3. (b) If veteran, name war **NIL**
3. (c) Social Security No. **492-24-1914**

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 **June 11, 1928**
(Month) (Day) (Year)

8. AGE: Years **17** Months **9** Days **5**
If less than one day
hr. min.

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

10. Usual occupation **Truck driver**

11. Industry or business **Pan Dandy Bakery-Columbia**

12. Name **Benjamin Harrison Algieri Mo.**

13. Birthplace **Washington Co., Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Martha Belle Allen**

15. Birthplace **Washington Co., Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Selman H. Algieri**

(b) Address **726 S. Campbell Ave - Chicago 12 Ill.**

17. (a) **Removal** (b) Date thereof **4-17-1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Columbia, Mo. 4-19-46**

18. (a) Signature of funeral director **H. C. Dallmeyer & Sons Co.**

(b) Address **800 N. 2nd-St. Charles, Mo.**

19. (a) **April 18-46** (b) **Frankie Hamilton**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Boone**
(c) City or town **Columbia**
(If outside city or town limits, write "RURAL")
(d) Street No. **703 Missouri Avenue**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **16th**
year **1946** hour **8:35** minute **P.** M.

21. I hereby certify that I attended the deceased from
held inquest 19 **4/17/46** to 19

that I last saw him alive on 19
and that death occurred on the date and hour stated above.

Immediate cause of death
automobile accident-
asphyxia

Due to

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) **4/16/46 auto accident**

(b) Date of occurrence **on Hy. #40 St. Chas. Mo**

(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?
on Highway #40-truck & bus collision

chest
While at work? **yes** (Specify type of place) (e) Means of injury **crushed**

23. **Frankie Hamilton**
Address **Wentzville Mo** Date signed **4-17-46**

284

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 5-13-46

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 _____

Joseph I. Lander

Licensed Embalmer No. 4189

P. O. Address _____

St. Louis

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.