

FILED JUN 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14988

State File No.

BIRTH NO.		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>5134</u>		Registrar's No. <u>625</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Buchanan</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Rt.#1 Washington</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Buchanan</u>	
c. LENGTH OF STAY (in this place) <u>2 Yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Rt.#1 Washington</u>		d. STREET ADDRESS (If rural, give location) <u>3 Miles East of St. Joseph</u>		d. STREET ADDRESS (If rural, give location) <u>3 Miles East of St. Joseph</u>	
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH		5. AGE (In years last birthday)	
a. (First) <u>Vincent</u>		b. (Middle) <u>Allgaier Jr</u>		c. (Last) <u>Allgaier Jr</u>		d. (Month) (Day) (Year) <u>June 4 1949</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Nov. 19, 1946</u>	
9. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St. Joseph, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Vincent Allgaier</u>		13b. MOTHER'S MAIDEN NAME <u>Freda Heckenlively</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Vincent Allgaier</u>		ADDRESS <u>Rural Rt #1</u>	
18. CAUSE OF DEATH				MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Congenital Heart Disease</u>		<u>2 yrs</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES			
				DUE TO (b)			
				DUE TO (c)			
				II. OTHER SIGNIFICANT CONDITIONS <u>Mongolism</u>		<u>2 yrs</u>	
				Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Nov 19, 1946</u> , to <u>June 4, 1949</u> , that I last saw the deceased alive on <u>May 17, 1949</u> , and that death occurred at <u>7:45 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>m Roger Moore M.D.</u> (Degree or title)				23b. ADDRESS <u>St. Joseph, Mo</u>		23c. DATE SIGNED <u>6-5-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/7/1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph Missouri</u>	
DATE REC'D BY LOCAL REG <u>June 6, 1949</u>		REGISTRAR'S SIGNATURE <u>E. L. Jenkins</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Norman L. Siderfaden</u>		ADDRESS <u>1802 Union St</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

_____, Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 2640

P. O. Address St. Joseph 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.