

FILED JUN 9 1950

STANDARD CERTIFICATE OF DEATH

State File No. 16381

BIRTH NO. _____		REG. DIST. NO. 117		PRIMARY REG. DIST. NO. 5435		Registrar's No. 5	
1. PLACE OF DEATH a. COUNTY GASCONADE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Gasconade			
b. CITY (If outside corporate limits, write RURAL and give township) BOEUF		c. LENGTH OF STAY (in this place) 23 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Stonyhill, Missouri 0370			
d. FULL NAME OF HOSPITAL OR INSTITUTION HIS RESIDENCE				d. STREET ADDRESS (If rural, give location) Streeh Not Namdd			
3. NAME OF DECEASED a. (First) BENJAMIN (Type or Print)		b. (Middle) *O-NOHE		c. (Last) ALLEMANN		4. DATE OF DEATH (Month) (Day) (Year) 4 29 1950	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1		8. DATE OF BIRTH Aug. 23, 1860		9. AGE (In years last birthday) 89 If under 1 year: Months 8 Days 6	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Swiss, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Allemann		13b. MOTHER'S MAIDEN NAME Margaret Unknown		14. NAME OF HUSBAND OR WIFE Mrs. Mary Allemann			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Herman Allemann, Hermann, Mo. RFD			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-vascular renal disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Prostate hypertrophy with urinary retention and cystitis				INTERVAL BETWEEN ONSET AND DEATH Don't know 442X 5 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION No operation				20. AUTOPSY? YES ☐ NO ☒	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., if 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 ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 4-30-1945, to 5-29-1950, that I last saw the deceased alive on 4-21-1950, and that death occurred at 9:00 A.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) B. C. Eismann M.D.				23b. ADDRESS New Haven, Mo.		23c. DATE SIGNED 5/1/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/2/1950		24c. NAME OF CEMETERY OR CREMATORY St. James Evang. Cem		24d. LOCATION (City, town, or county) (State) Stonyhill, Missouri	
DATE REC'D BY LOCAL REG. 5/1/50		REGISTRAR'S SIGNATURE D. M. Munderwiler		FEDERAL DIRECTOR'S SIGNATURE James Blum		ADDRESS Berger Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
JUN 6 1960
District Health Officer No. 91
District File Number

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 _____

working under my personal supervision.

Signed.....
Student Embalmer.

Signed.....
Student Embalmer No.
Gustav W. Dietrich

Licensed Embalmer No. *4329*
P. O. Address *St. Louis, 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.