

FILED JUL 8 1950

STANDARD CERTIFICATE OF DEATH

State File No. 19827

370

BIRTH NO. _____ REG. DIST. NO. 117 PRIMARY REG. DIST. NO. 5435 Registrar's No. 8

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) Stonyhill (Boeuf)		c. CITY (If outside corporate limits, write RURAL and give township) Stonyhill, Missouri. 1370	
d. FULL NAME OF HOSPITAL OR INSTITUTION Her Residence		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) MARY		b. (Middle) None		c. (Last) ALLEMANN		4. DATE OF DEATH (Month) (Day) (Year) 6- 25 1950	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 12-18-1866		9. AGE (In years last birthday) 83	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housekeeper		11. BIRTHPLACE (State or foreign country) Hermann, Mo. R.F.D.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Christian Meyer		13b. MOTHER'S MAIDEN NAME Wilhelmenia Sickendick		14. NAME OF HUSBAND OR WIFE Ben Allemann,	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Hermann, 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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-vascular renal disease		INTERVAL BETWEEN ONSET AND DEATH 4 to 6 yrs.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		at least 10 years	
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)		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 5/18 1945, to June 26 1950, that I last saw the deceased alive on June 26, 1950, and that death occurred at 6 P. M., from the causes and on the date stated above.

23a. SIGNATURE B. P. Eismann M.D.		(Degree or title)		23b. ADDRESS New Haven, Mo.		23c. DATE SIGNED 6/26/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/28/1950		24c. NAME OF CEMETERY OR CREMATORY St. James Cemetery		24d. LOCATION (City, town, or county) (State) Stonyhill, Missouri	

DATE RECD BY LOCAL REG. 6/27/50		REGISTRAR'S SIGNATURE [Signature]		FUNERAL DIRECTOR'S SIGNATURE Ernest Blumer		ADDRESS Berger Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUN 7 1950
District Health Officer No. 9,
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

Student Embalmer No.....
Signed *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.