

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37837

State File No.

FILED NOV 6 - 1953

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 548 Registrar's No. 2756

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. CITY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webster Groves</u>		c. LENGTH OF STAY (in this place) <u>8 Yrs</u>	c. CITY OR TOWN <u>Webster Groves</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1321 Wells Ave</u>		e. STREET ADDRESS (If rural, give location) <u>1321 Wells Ave.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>VEDA</u> b. (Middle) <u>JULIA</u> c. (Last) <u>ALGER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>10-25-1953</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>2-4-1891</u>	9. AGE (In years last birthday) <u>62</u>	if UNDER 1 YEAR Months Days	if UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Raymond Ill</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Thomas R Kinsella</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Harrington</u>	14. NAME OF HUSBAND OR WIFE <u>George Alger</u>
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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>H J Krueger</u>	ADDRESS <u>1321 Wells Ave</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute pulmonary edema</u>	DUE TO (b) _____	<u>20 minutes</u>
	ANTECEDENT CAUSES <u>Hypertensive myocarditis with decompensation.</u>		<u>6 weeks.</u>
II. OTHER SIGNIFICANT CONDITIONS <u>Diabetes Mellitus</u> <u>Arteriosclerosis General</u> <u>Coronary artery disease</u> <u>Infarct in 1948.</u>	DUE TO (c) _____	<u>4200</u>	<u>20 yrs</u>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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? _____
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22. I hereby certify that I attended the deceased from July 8, 1948, to Aug 24, 1953, that I last saw the deceased alive on Oct 24, 1953, and that death occurred at 1 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>A. Victor Reese</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>120 E Lockwood Webster Groves</u>	23c. DATE SIGNED <u>10/26/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-27-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. MO.</u>
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DATE REC'D BY LOCAL REG. <u>10/26/53</u>	REGISTRAR'S SIGNATURE <u>Herbert S. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Alvin F. Home Webster Groves</u>	ADDRESS _____
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(Licensed Embalmer's Statement on Reverse Side)

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

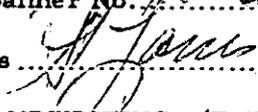
STATEMENT BY LICENSED EMBALMER

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.....
Signature of Student Embalmer

Signed.....


Licensed Embalmer No. 11430

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.