

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14916

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 500	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph				c. CITY OR TOWN St. Joseph		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 2609 Lafayette St.				e. STREET ADDRESS (If rural, give location) 2609 Lafayette St. 0117 0			
3. NAME OF DECEASED (Type or Print)		a. (First) Eugene		b. (Middle) Aloysius		c. (Last) Allgaier	
4. DATE OF DEATH		May 11, 1954		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 4, 1871		9. AGE (In years last birthday) 83		10. UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. (R) Realtor		10b. KIND OF BUSINESS OR INDUSTRY Real estate		11. BIRTHPLACE (City and State or Foreign Country) Clinton Co. Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Michael S. Allgaier		13b. MOTHER'S MAIDEN NAME Amanda Williams		14. NAME OF HUSBAND OR WIFE Mary Elizabeth Allgaier			
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 ADDRESS Mrs E.A. Allgaier 2609 Lafayette St			
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) Carcinoma, recto-sigmoid ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Urinary Tract Infection 19a. DATE OF OPERATION _____				INTERVAL BETWEEN ONSET AND DEATH about 13 months unknown	
19b. MAJOR FINDINGS OF OPERATION 153X		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) m.	
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 April 1953, to 5/11, 1954, that I last saw the deceased alive on 5/7, 1954, and that death occurred at 4:25 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Deceased or title) My Redmond MD		23b. ADDRESS St Joseph, Mo.		23c. DATE SIGNED 5/13/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 14, 54		24c. NAME OF CEMETERY OR CREMATORY St. Joseph's Cemetery		24d. LOCATION (City, town, or county) (State) Easton, Mo.	
DATE REC'D BY LOCAL REG. May 15, 1954		REGISTRAR'S SIGNATURE Esther M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Herman W. Sidenhagen 1803 Union St		St. Joseph, Mo.	

(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.....

Robert H. Gable

Licensed Embalmer No. 3308.....

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