

No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED OCT 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33285

BIRTH NO. 55711-54 REG. DIST. NO. 58 PRIMARY REG. DIST. NO. 5212 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>Carter</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - Carter twp</u>		c. CITY OR TOWN <u>St. Louis</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>3 Wks</u>		e. STREET ADDRESS (If rural, give location) <u>2035 ALFred</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway 21-24 E. 60</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>SHERY</u>	b. (Middle) <u>Louise</u>	c. (Last) <u>ALLGAIER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 13 1954</u>
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5. SEX <u>F.</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Child</u>	8. DATE OF BIRTH <u>JULY 28, 1954</u>	9. AGE (In years last birthday) <u>2</u> IF UNDER 1 YEAR Months <u>15</u> Days <u>15</u> IF UNDER 1 HR. Hours <u>15</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Richard Allgaier</u>	13b. MOTHER'S MAIDEN NAME <u>Arlyne Grisser</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Richard Allgaier</u>	ADDRESS <u>2035 ALFred St. Louis</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>493X</u>	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 Dead at home, 19___, that I last saw the deceased alive on ___ 19___, and that death occurred at ___ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Coleman M. Apperson</u>	(Degree or title) <u>Coroner</u>	23b. ADDRESS <u>Van Buren Mo.</u>	23c. DATE SIGNED <u>10/13/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>10/13/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Friedens</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County MO</u>
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DATE REC'D BY LOCAL REG. <u>Oct. 18 - 1954</u>	REGISTRAR'S SIGNATURE <u>Mrs Octa Henson</u>	50-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>Coleman M. Apperson</u>	ADDRESS <u>Van Buren Mo</u>
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OCT 22 1952

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.....
Allen C. M. [Signature]

Licensed Embalmer No. 45-4

P. O. Address... Van B...

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.