

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 40568

*371*

*FILED DEC 29 1954*

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. *119* PRIMARY REG. DIST. NO. *4193* Registrar's No. *34*

1. PLACE OF DEATH a. CITY <i>GASCONADE</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>GASCONADE</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>HERMANN</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>HERMANN 0371</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>W. 14<sup>TH</sup> STREET</i>		d. STREET ADDRESS (If rural, give location) <i>W. 14<sup>TH</sup> STREET 0</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>MINNIE</i> b. (Middle) <i>ALLEMANN</i> c. (Last) <i>ALLEMANN</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>DEC 8 1954</i>	
5. SEX <i>FEMALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>	8. DATE OF BIRTH <i>MAY 13-1890</i>
9. AGE (In years last birthday) <i>64</i>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>HOUSEWIFE</i>	11. BIRTHPLACE (State or foreign country) <i>STONY HILL Mo</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
13a. FATHER'S NAME <i>Edward Heinlein</i>		13b. MOTHER'S MAIDEN NAME <i>MARY GUMPER</i>	
14. NAME OF HUSBAND OR WIFE <i>EDWIN ALLEMANN</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>	
16. SOCIAL SECURITY NO. <i>NONE</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Edwin Allemann, HERMANN Mo</i>	
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) <i>Acute Circulatory Collapse</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Cardiac infarction</i> DUE TO (c) <i>Coronary atherosclerosis</i> 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 <i>4201</i>	
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) (Min.)		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 <i>Jan. 8, 1954</i> , to <i>Dec. 8, 1954</i> , that I last saw the deceased alive on <i>Nov. 20, 1954</i> , and that death occurred at <i>8:38 A. M.</i> , from the causes and on the date stated above.	
23a. SIGNATURE <i>W. O. 4</i>		23b. ADDRESS <i>Hermann, Mo.</i>	
23c. DATE SIGNED <i>12/10/54</i>		24a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	
24b. DATE <i>12-11-1954</i>		24c. NAME OF CEMETERY OR CREMATORY <i>ST JAMES CEMETERY</i>	
24d. LOCATION (City, town, or county) (State) <i>STONY HILL Mo</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Hagost Schuer</i>	
DATE REC'D BY LOCAL REG. <i>12-11-54</i>		REGISTRAR'S SIGNATURE <i>Delma Gerken 492</i>	
ADDRESS <i>HERMANN Mo</i>			

(Licensed Embalmer's Statement on Reverse Side)

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

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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 .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 3160

P. O. Address Herrmann Dr

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.