

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14469**

FILED APR 18 1955

BIRTH NO. _____ REG. DIST. NO. **363** PRIMARY REG. DIST. NO. **6936** Registrar's No. **5**

1. PLACE OF DEATH a. COUNTY Warren		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Warren	
b. CITY (If outside corporate limits, write RURAL and give town) Rural-Charrette		c. LENGTH OF STAY (in this place) 51 Years	c. CITY OR TOWN Rural-Charrette
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 miles N W. Marthasville		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS 2 miles N W. Marthasville		(If rural, give location) 1090	

3. NAME OF DECEASED (Type or Print) a. (First) Johann	b. (Middle) Willian	c. (Last) Allersmeyer	4. DATE OF DEATH (Month) (Day) (Year) April 11, 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 25, 1881	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Grain Farm	11. BIRTHPLACE (City and State or Foreign Country) Warren County, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Simon Allersmeyer	13b. MOTHER'S MAIDEN NAME Henretta Nistendirik	14. NAME OF HUSBAND OR WIFE Ella Allersmeyer
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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) No	16. SOCIAL SECURITY NO. 493-740-PT27	17. INFORMANT'S SIGNATURE OR NAME Leo Allersmeyer, Marthasville, Mo.	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 hour
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute myocarditis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) chronic myocarditis 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 4222	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) m.	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 **Aug 10, 1954**, to **Apr 11, 1955**, that I last saw the deceased alive on **Apr 11, 1955**, and that death occurred at **1⁰⁰ P. M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M.D. Charles F. ...	23b. ADDRESS Marthasville, Mo.	23c. DATE SIGNED 4-13-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/14/55	24c. NAME OF CEMETERY OR CREMATORY St. Paul's Cemetery	24d. LOCATION (City, town, or county) (State) Marthasville, Missouri
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DATE REC'D BY LOCAL REG. 4/13/55	REGISTRAR'S SIGNATURE J. E. Johnson	25. FUNERAL DIRECTOR'S SIGNATURE Robert C. ...	ADDRESS Marthasville, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.48

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 *Edmond F. Lichtenberg*

Licensed Embalmer No. 4318

P. O. Address Marthasville.

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.