

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 045135

FILED 18 DEC 23 1959 306 Primary Registration District No. 6048 Registrar's No. 30

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St. Charles				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Charles					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Peters		Length of stay in 1b 25 yrs.		c. CITY OR TOWN St. Peters		Inside Limits Yes ☒ No ☐			
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes ☒ No ☐		d. STREET ADDRESS (If outside, give location) none		Reside on Farm Yes ☐ No ☐		
3. NAME OF DECEASED (Type or print) Joseph Lawrence Algermissen				4. DATE OF DEATH Month Dec. Day 17 Year 1959					
5. SEX male		6. COLOR OR RACE white		7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐		8. DATE OF BIRTH July 16 1891		9. AGE (last birthday) 68	
						IF UNDER 1 YEAR Months 5 Days 1 Hours Min. 		IF UNDER 24 HR Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Poultry Dealer				10b. KIND OF BUSINESS OR INDUSTRY Produce Business		11. BIRTHPLACE (City and state or country) St. Peters, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Henry B. Algermissen				13b. MOTHER'S MAIDEN NAME Magdalene Ernst		14. NAME OF HUSBAND OR WIFE Genevieve Algermissen			
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. 493-36-0994A		17. INFORMANT Address Mo. Genevieve Algermissen, St. Peters			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) myocardial infarction secondary to chronic Hypertensive Cardiovascular disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) vascular disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown								INTERVAL BETWEEN ONSET AND DEATH 16 hours	
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒		20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour a.m. p.m. 		Month, Day, Year 							
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from May 1942 to Dec. 17-59 and last saw her him alive on Dec. 17-59 Death occurred at m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Virgil E. Schneider M.D.				22b. ADDRESS St. Charles, Mo.				22c. DATE SIGNED 12-18-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Dec. 21, 1959		23c. NAME OF CEMETERY OR CREMATORY All Saints Cemetery		23d. LOCATION (City, town, or county) St. Peters, Mo.		(State)	
24. FUNERAL DIRECTOR Geo. Stiefvater, St. Peters, Mo.				25. DATE RECD. BY LOCAL REG. 12-21-1959		26. REGISTRAR'S SIGNATURE O'Fallon Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

Arthur C. Bane

Licensed Embalmer No. *3155*

P. O. Address

St. Charles

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.