

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-020613

FILED VS JUN 6 1960

318

1003

5323

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 2 weeks		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION De Paul Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1906a E. Obear Avenue		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Rose Middle Allmeyer Last				4. DATE OF DEATH Month May Day 20 Year 1960					
5. SEX female	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 5-5-1890	9. AGE (last birthday) 70	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seamstress		10b. KIND OF BUSINESS OR INDUSTRY Howard Cleaners		11. BIRTHPLACE (City and state or country) Knox County, Kentucky		12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME - - Messer			13b. MOTHER'S MAIDEN NAME Amanda Mills			14. NAME OF HUSBAND OR WIFE Arthur Allmeyer			
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. 499-28-5928		17. INFORMANT Arthur Allmeyer, 1906a E. Obear Avenue				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary D.C.C./U.S.I. AM WITH arteriosclerotic cardiovascular renal dis. with hypertension DUE TO (b) Arteriosclerotic cardiovascular renal disease with hypertension DUE TO (c) renal disease with hypertension Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								INTERVAL BETWEEN ONSET AND DEATH 17 days	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic rheumatoid-osteo arthritis serosa						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 4201							
20c. TIME OF INJURY Hour a.m. p.m.		Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 Nov. 52 to 5/20/60 and last saw her him alive on 5/20/60 Death occurred at 5:20 am 5/20/60 m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE Joseph J. July M.D. (Degree or title)				22b. ADDRESS 111 C. 4th St Ferguson 35, Mo			22c. DATE SIGNED 5/20/60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE May 23, 1960	23c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon Cemetery		23d. LOCATION (City, town, or county) St. Louis County, Missouri				
24. FUNERAL DIRECTOR Math Hermann & Son, Inc., 2161 E. Fair Av ADDRESS				25. DATE RECD. BY LOCAL REG. MAY 21 1960		26. REGISTRAR'S SIGNATURE Earl Smith, M.D.			

INDEXED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

m JB.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Walter H Burnley

Licensed Embalmer No. 42 02

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.