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MTC-2192

DEPARTMENT OF SOCIAL SERVICES — MISSOURI DIVISION OF HEALTH

CERTIFICATE OF DEATH

124 83 301315

Registration District No. 500

Field	Entry
1. Decedent – Name (First, Middle, Last)	MICHAEL J. ALGARDA, SR.
2. Sex	Male
3. Date of Death	February 24, 1983
4. Race	White
5a. Age – Last Birthday (Yrs)	60
6. Date of Birth	May 12, 1922
7a. County of Death	St. Louis
7b. City, Town or Location of Death	Affton
7c. Hospital or Other Institution	4955 Hummelsheim
8. State of Birth	Missouri
9. Citizen of What Country	U.S.A.
10. Married, Never Married, Widowed, Divorced	Married
11. Surviving Spouse	Maxine F. Early
12. Was Decedent Ever in U.S. Armed Forces?	☐ Yes ☒ No
13. Social Security Number	495-12-7602
14a. Usual Occupation	Retired Broker
14b. Kind of Business or Industry	Investment Company Prudential Bache, Inc.
15a. Residence – State	Missouri
15b. County	St. Louis
15c. City, Town or Location and Zip Code	Affton, 63123
15d. Street and Number	4955 Hummelsheim
15e. Inside City Limits	no
16. Father – Name	Emil Algarda
17. Mother – Maiden Name	Celestine Colombo
18a. Informant – Name	Maxine F. Algarda
18b. Mailing Address	4955 Hummelsheim, St. Louis, Missouri 63123
19a. Burial, Cremation, Removal; Date	Burial; Feb. 28, 1983
19b. Cemetery or Crematory – Name	Resurrection Cemetery
19c. Location	St. Louis County, Missouri
20a. Funeral Service Licensee	[signature]
20b. Name of Facility	Kriegshauser Mortuaries
20c. Address of Facility	4228 So. Kingshighway St. Louis, Missouri 63109
21a. Registrar	[signature] C. Maze MD
21b. Date Received by Registrar	FEB 25 1983
22a. Certifier (Signature and Title)	Robert Rainey MD
22b. Date Signed	Feb 24, 1983
22c. Hour of Death	2:55 A.M.
24a. Name and Address of Certifier	Robert Rainey, 9385 Page, St. Louis, Missouri
24b. License No.	24431
25.	---

26. Part I – Immediate Cause:

(a) Pneumonitis with extension of carcinoma to tracheostomy site (floor of mouth) — 1 week

(b) Due to or as a consequence of: Post operative status - extensive recurrence squamous cell cancer — 1 year

(c) Treated with 2 resections along with radiotherapy — 10 mo

Part II – Other significant conditions: Diabetes. Had tracheostomy and feeding gastrostomy

Autopsy: No — Yes

15006

ST. LOUIS COUNTY
DEPARTMENT OF COMMUNITY HEALTH AND MEDICAL CARE

CLAYTON, MISSOURI 63105

(Do not accept if rephotographed or if seal impression cannot be felt)

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I HEREBY CERTIFY that this is an exact reproduction of the certificate for the person named therein as it now appears in the permanent records of the Bureau of Vital Records of the Division of Health of Missouri. Witness my hand as Registrar of Vital Statistics and the Seal of the St. Louis County Department of Community Health and Medical Care, this date of

JUL 26 1989 Kenneth Baldwin

Registrar of Vital Statistics

RETURN: MTC

STATE OF OREGON,
County of Klamath ss.

Filed for record at request of:

Mountain Title Co.

on this 14th day of Aug. A.D., 19 89
at 2:46 o'clock P M. and duly recorded
in Vol. M89 of Deeds Page 15005.
Evelyn Biehn County Clerk
By Darlene Mills-Nolde
Deputy.

Fee, $8.00