# MISSOURI STATE BOARD OF HEALTH
## BUREAU OF VITAL STATISTICS
### CERTIFICATE OF DEATH

Do not use this space.

31932

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**1. PLACE OF DEATH**

County..... Registration District No. 10 (791)

Township..... Primary Registration District No.....

City St. Louis Mo. (No. 4233 Peck St. St. ..... Ward)

File No.....

Registered No. 9192

**2. FULL NAME** William Rudolph Althoff.

(a) Residence. No. 4233 Peck st. St., 10 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

**PERSONAL AND STATISTICAL PARTICULARS**

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) |
|---|---|---|
| Male. | White. | Married. |

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louise Althoff.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 5/22/1876.

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 52 | 3 | 21 | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Policeman.

(b) General nature of industry, business, or establishment in which employed (or employer) Met. Police. Dep't.

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) St, Louis .Mo.

PARENTS

10. NAME OF FATHER Rudolph H. Althoff.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany.

12. MAIDEN NAME OF MOTHER Caroline Braun.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany?

14. INFORMANT Louisa Althoff.
(Address) 4233 Peck St.

15. FILED SEP 11 1923 Klee Stadler
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH** 3

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9/13/28 19

17. I HEREBY CERTIFY, That I attended deceased from March 12, 1928, to Sept 13, 1928, that I last saw him alive on Sept 12, 1928, and that death occurred, on the date stated above, at 12 M. a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1/1 Carcinoma. Liver & Gall
1/2 Bladder
1/2 a

(duration) ..... yrs. 8 mos. ..... ds.

CONTRIBUTORY (SECONDARY) Cholelithiasis

(duration) 2 yrs. 6 mos. ..... ds.

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18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? yes DATE OF March 1928

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical and Laboratory

(Signed) Geo. A. Mellies, M. D

Sept 14 1928 (Address) 2917 Olive St.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. PLACE OF BURIAL, CREMATION, OR REMOVAL | DATE OF BURIAL |
|---|---|
| Friedens Cemetery. | 9/15/2 19 |

20. UNDERTAKER Provost Und. Co. ADDRESS 3710 N. Grand.