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

Do not use this space.

21215

21315

File No. 6079

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis (No. 3821, Delmar Blvd., St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME MARY ELIZA ALTER

(a) Residence. No. 3821 Delmar Blvd. St., 19 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: Female

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7/28/1829

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
100	10	25	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Retired House keeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Cincinatti
(STATE OR COUNTRY) Ohio

PARENTS

10. NAME OF FATHER Cap't William Alter

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

12. MAIDEN NAME OF MOTHER Mary Orr

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Cincinatti
(STATE OR COUNTRY) Ohio

14. INFORMANT Wilbur H. Semple
(Address) 3821 Delmar Blvd.

15. FILED JUN 23 1930, 19 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) 6/23/'30 19

17. I HEREBY CERTIFY, That I attended deceased from 5/25, 1930, to June 22, 1930 that I last saw her alive on June 22, 1930, and that death occurred, on the date stated above, at 12:15 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arteriosclerosis, Cerebral
186A
194B
97
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Fracture of Arm
fall to the floor at home (duration) yrs. mos. 29 ds.

18. WHERE WAS DISEASE CONTRACTED Accident

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W H Olmsted, M. D.

6/23/30 (Address) Beaumont Bldg.

*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: Bellefontaine Cem.

DATE OF BURIAL: 6/24/'30 19

20. UNDERTAKER: Alexander & Sons 6175 Delmar

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.

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