

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

Do not use this space.

23494

1. PLACE OF DEATH

County Registration District No. **791**
 Township Primary Registration District No. **1008**
 City **St. Louis** (No. **Lutheran Hospital**) St. Ward)

File No.
 Registered No. **7007**

2. FULL NAME

Carrie Altemheim
 (a) Residence, No. **3703 S Broadway St., 24** Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred **40** 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 **widowed**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Adam Altemheim**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug 17 - 1869**
 7. AGE YEARS **61** MONTHS **10** DAYS **5** If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Home. wfe**
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **190**
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Milstadt Ill.**

MOTHER FATHER 13. NAME **Unknown**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

MOTHER 15. MAIDEN NAME **Unknown**

FATHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT **Catherine Krenn** (ADDRESS) **2001 S Jefferson**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Concordia** DATE **6-25-31**

19. UNDERTAKER **Thos. G. Moydell** (ADDRESS) **1926 S. 1st St. St. Louis**

20. FILED **1931** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 22, 1931**

22. I HEREBY CERTIFY, that I attended deceased from **4-6-31**, 19... to **6-22-31**, 19...
 I last saw her alive on **6-22-31**, 19... Death is said to have occurred on the date stated above, at **12:45** m.

The principal cause of death and related causes of importance were as follows:

Cancer of stomach
46B
46B
 Other contributory causes of importance:

Date of onset? **Unknown**

Name of operation Date of
 What test confirmed diagnosis? **clinical** Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19...
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **No**
 If so, specify

(Signed) **[Signature]**, M. D.
 (Address) **22685 Jefferson**

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

MAINTAINED RESERVED FOR BINDING

V.S. NO. 2.

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.

C. G. W. Jungk