

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

Do not use this space.

21543

**1. PLACE OF DEATH**

County..... Registration District No. 701  
 Township..... Primary Registration District No. 1003  
 City St. Louis (No. 3716 Hartford St. St. .... Ward) .....

File No. ....  
 Registered No. 6111

**2. FULL NAME** Charles Alt

(a) Residence, No. 3716 Hartford St., 16 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 SA. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mamie Alt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 2, 1865

7. AGE YEARS 67 MONTHS 1 DAYS 28 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chief 181  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. St. L. Fire Dept.  
 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) St. Louis Co. Mo. 1

FATHER 13. NAME Henry Alt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

MOTHER 15. MAIDEN NAME Magdalena Zwilling

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs. Mamie Alt (ADDRESS) 3716 Hartford St.

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus DATE July 2 1932

19. UNDERTAKER A. Krohn & Co (ADDRESS) 2702 N. Grand St.

20. FILED 30 1932 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30 1932

22. I HEREBY CERTIFY That I attended deceased from June 6th 1932 to June 30 1932  
 I last saw him alive on June 30 1932 Death is said to have occurred on the date stated above, at 12 am.

The principal cause of death and related causes of importance were as follows:  
Non expectorate acute encephalitis 6 days Date of onset  
Gravidity of 18 days  
Head non traumatic 15  
1912

Other contributory causes of importance:  
Stitis media subacuta 3 days  
Cereb. arteriosclerotic  
retinitis 1 week

Name of operation ..... Date of .....  
 What test confirmed diagnosis St. Louis Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? No 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) Arthur H. ... M. D.  
 (Address) 3606 Travis

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

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.

