

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

Do not use this space.

DEC 13 1935

1. PLACE OF DEATH

County St. Louis

Registration District No. 791

Township St. Louis

Primary Registration District No. 1008

City St. Louis (No. 12531)

City St. Louis

File No. 38070
10086
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Harlan Altman

(a) Residence, No. 3515
(Usual place of abode)

St. Barnes

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 18 - 1871

7. AGE YEARS 63 MONTHS 2 DAYS 19 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. day laborer

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) Warren

13. NAME Leo Waltman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo

15. MAIDEN NAME not known

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

17. INFORMANT (ADDRESS) Dr. J. W. Taylor
City St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE Poplar Bluff, Mo DATE Dec 3, 1935

19. UNDERTAKER (ADDRESS) A. W. McLaughlin
2301 Lafayette Ave
St. Louis

20. FILED DEC 13 1935 19 St. Louis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-27, 1935, to 11-30, 1935

I last saw him alive on 11-27, 1935. Death is said

to have occurred on the date stated above, at 12:47 p.m.

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

Lobar Pneumonia
Empyema
Date of onset _____

Other contributory causes of importance: 108

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? _____

If so, specify _____

(Signed) Ralph W. Barlow, M. D.

(Address) City St. Louis

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.

