

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D DEC 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH **791**

37695
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **1003**
 (b) Township Primary Registration District No.
 (c) City **St. Louis Mo.** (d) Street No. **Lutheran Hospt.** Registered No. **10022**
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Augusta Altag**

(a) Residence, No. **4348 Wyoming St.** St. **16**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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) **Dec. 30th, 1860**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 **10** **19**

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Home**
 9. Industry or business in which work was done, as saw mill, bank, etc.
 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 Mo.**

FATHER 13. NAME **Charles Altag**

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

MOTHER 15. MAIDEN NAME **Temme**

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

17. INFORMANT (ADDRESS) **Ida Lottes**
4358 Wyoming St.

18. BURIAL, CREMATION, OR REMOVAL PLACE **New St. Marcus** DATE **Nov. 21 1938**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Wacker Helderle**
2331 S. Broadway

20. FILED **NOV 21 1938** **J. T. Fredrick** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 19th 1938**

22. I HEREBY CERTIFY, That I attended deceased from **11-7-38**, 19..... to **11-19-38**, 19.....
 I last saw her alive on **11-19-38**, 19..... Death is said to have occurred on the date stated above, at **3:45 A.M.**
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset **11-7-38**
Generalized Atherosclerosis
 Other contributory causes of importance:

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

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 **Heart** (Signed) **Thos. H. Houser** M. D.

(Address) **3657 Grandel Square**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Frank J. Highland

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

Frank J. Highland

• Licensed Embalmer No. *2675*

• P. O. Address *St. Louis Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.