

DEC 12 1938

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

38036
Do not use this space.
10363

1. PLACE OF DEATH

(a) County Registration District No. 1003
(b) Township Primary Registration District No. Registered No. 10363
(c) City St. Louis (d) Street No. Missouri Baptist Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 Florence Irene Altheimer

(a) Residence, No. 1320 Laurel St. 6 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 5, 1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 5 25

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. At Home.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

FATHER 13. NAME George W. Beckett 14. BIRTHPLACE (CITY OR TOWN) Houston (STATE OR COUNTRY) Illinois

MOTHER 15. MAIDEN NAME Naomi Holt 16. BIRTHPLACE (CITY OR TOWN) Houston (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Walter Beckett 1320 Laurel

18. BURIAL, CREMATION, OR REMOVAL PLACE Zion Cem DATE Dec 2, 1938

19. FUNERAL DIRECTOR (ADDRESS) Shepard Funeral Home 1167 Hamilton Avenue.

20. FILED NOV 30 1938 J. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1938, to Nov 30, 1938. I last saw her alive on Nov 29, 1938. Death is said to have occurred on the date stated above, 12:45 A. M.

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

Carcinoma of ovary, bilateral
Metastatic carcinoma of intestine, omentum, peritoneum
Date of onset Indefinite
Other contributory causes of importance: NA

Name of operation Exploratory laparotomy Date of 8/17/38
What test confirmed diagnosis? Biopsy Was there an autopsy? No

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) Roland Stepper, M. D. (Address) 4500 Clark

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

50M-7-20-37 1 X12004

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.

Enidus G. King
1-3-

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed *J. G. Sullivan*

Licensed Embalmer No. *1122*

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.)