

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.

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

4989
Do not use this space.

REC'D MAR 13 1939

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **Missouri Baptist Hosp.** St. **1682**
(e) Length of residence in city or town where death occurred **58** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

LOUISE ALTHAGE

(a) Residence, No. **3426 Abner Place** St. **6**
(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 **married**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF **Wm. F. Althage** (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 3, 1870**
7. AGE YEARS **68** MONTHS **8** DAYS **17** If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **housewife**
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) **Amsterdam, Holland** (STATE OR COUNTRY)

FATHER 13. NAME **Gustav Schlinger**

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

MOTHER 15. MAIDEN NAME **Marie Rueve**

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

17. INFORMANT **Wm. F. Althage** (ADDRESS) **3426 Abner Place**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Lake Charles Cem** DATE **2/23/39**

19. FUNERAL DIRECTOR (NAME) **Alexander & Sons** (ADDRESS) **6175 Delmar Blvd**

20. FILED **FEB 21 1939** **J.P. Budek** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb 20 1939**
22. I HEREBY CERTIFY, That I attended deceased from **Nov 13 1934** to **Feb 19 1939**
I last saw her alive on **Feb 19 1939**. Death is said to have occurred on the date stated above, at **9:50** a.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Uterus
18
Other contributory causes of importance: **Cystitis, Pyelitis**

Name of operation **Implantation of Radium** Date of **11/15/34**
What test confirmed diagnosis? Was there an autopsy? **X**

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 **None**
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify **no**
(Signed) **E. J. Donnell**, M. D.
(Address) **634 N. Grand**

*E. Lee Dancer
Mo Theatre Bldg
No. 300 S. M.*

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,

J. W. Binkley

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

J. W. Binkley

Licensed Embalmer No. *3653*

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.