DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

791

State File No. 34741

Registration District No. 1008 Primary Registration District No. _____ Registrar's No. 9279

1. PLACE OF DEATH:

(a) County St. Louis NOV 13 1939

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Infirmary Hospital. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution February 7, 1935 (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. / (b) County St. Louis.

(c) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 5800 Arsenal St. (If rural, give location) 13

(e) If foreign born, how long in U. S. A.? Foreign. years.

3. (a) PRINT FULL NAME August Altman 435

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August (Month) x (Day) 1850 (Year)

8. AGE: Years 89 Months 2 Days x If less than one day _____ hr. _____ min.

9. Birthplace Berlin, Germany 6
(City, town, or county) (State or foreign country)

10. Usual occupation No Occupation. 6

11. Industry or business _____

FATHER
12. Name William Altman 6
13. Birthplace Germany.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Wilhelmine (unknown)
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature E. Molony
(b) Address 5800 Arsenal

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 10-30-39 (Month) (Day) (Year)
(c) Place: burial or cremation OLD ST. MARCUS

18. (a) Signature of funeral director Wm Schumacher
(b) Address 3013 Meramec

19. (a) OCT 30 1939 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 26, year 1939, hour 4:00 minute p. M.

21. I hereby certify that I attended the deceased from February 7, 1935 to October 26, 1939 that I last saw him alive on October 26, 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis	
Due to Arteriosclerosis	
Due to Senility	
Other conditions (Include pregnancy within 3 months of death) Fractured Humerus	Rt.
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause to which death should be charged statistically

1868
38

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Sept. 29 1939
(c) Where did injury occur? City of St Louis (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? City Infirmary (Specify type of place)
While at work? (e) Means of injury fell out of Bed

23. Signature E. J. Pieri (M. D. or other)
Address 5600 Arsenal Date signed

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 3-17-39 I X19511

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, or by

Clarence J. Rochow, Registered Apprentice No.

working under my personal supervision.

Signed Clarence J. Rochow

Licensed Embalmer No. 3093

P. O. Address 3013 Meramec St.

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.