FILED AUG 25 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23134

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 5579

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 3248 Lafayette Ave (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17

(d) Street No. 3248 Lafayette Ave (If rural, give location)

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

3. (a) PRINT FULL NAME Emily Althans 435

3. (b) If veteran, name war *** 3. (c) Social Security No. ***

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife William J. Althans 6. (c) Age of husband or wife if alive years

7. Birth date of deceased October 29 1855 (Month) (Day) (Year)

8. AGE: Years 84 Months 8 Days 0 If less than one day hr. min.

9. Birthplace New York (City, town, or county) (State or foreign country) 1

10. Usual occupation At Home 6

11. Industry or business

FATHER 12. Name Charles Sellner 6

13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Amalia Knorr

15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Dr. Carl Althans

(b) Address 3248 Lafayette Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 1 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Peetz Brothers

(b) Address 3029 Lafayette Ave

19. (a) JUL 1 1940 (Date received local registrar) (b) J. J. Gedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 29th day June year 1940 hour 12:15 A. minute A. M.

21. I hereby certify that I attended the deceased from 6-15-40, 19 , to 6-28, 1940 that I last saw her alive on 6-28, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Dilatation heart	3 days
Due to: Chronic Myocarditis	1 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 411 (Specify type of place)

While at work? (e) Means of injury

23. Signature M. J. Pulliam (M. D. or other)

Address 607 N. Grand Date signed 6/29/40

(Licensed Embalmer's Statement on Reverse Side)

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.

X19511

Dr. W. J. Pullman
614 University Blvd.
Mobile 3 Ph
Je-0402

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.....

..... Registered Apprentice No.....

working under my personal supervision.

Signed Frank J. Owens

Licensed Embalmer No. 2245

P. O. Address St Louis Mo

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

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