

No. 2
13-40
17-39
X23159

DEPARTMENT OF COMMERCE

FILED AUG 28 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

23733

State File No.

6075

Registrar's No.

Registration District No. 791

Primary Registration District No. 1003

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:
4251 Shenandoah
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 74 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____

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

(d) Street No. 4251 Shenandoah
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 74 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24
year 1941 hour 1 minute 45 p. m.

21. I hereby certify that I attended the deceased from
Jan, 1931 to July 24, 1941;
that I last saw him alive on July 24, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death:
Arterio-sclerosis
Myocarditis Chronic
Coronary occlusion

Due to _____

Due to _____

Other conditions:
93

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____

Of autopsy 93

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? _____

(Specify type of place) _____
(Specify means of injury) _____

23. Signature W. Anton Hall (M. D. or _____) 9/24/41
Address 1625 Town Square Date signed _____

3. (a) PRINT FULL NAME Conrad Alt

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased Jan. 30 1853
(Month) (Day) (Year)

8. AGE: Years 88 Months 5 Days 24 If less than one day
hr. _____ min. _____

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

10. Usual occupation Carpenter

11. Industry or business Retired 16 years

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant James T. Rapp

(b) Address 4251 Shenandoah

17. (a) Burial (b) Date thereof 7-26-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters

18. (a) Signature of funeral director Kriegshauser Mortuary

(b) Address 4228 S. Kingshighway Blvd

19. JUL 25 1941 (Date received local registrar)
[Signature] (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

0
29

James Morgan
No. 1082

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.....

Edwin M. Permitt
3024

Licensed Embalmer No.....

P. O. Address.....

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, fact should be so stated above.