

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1681
Registrar's No. 22

Registration District No. 25

Primary Registration District No. 1001

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Days
(Specify whether
In this community 50 Years
years, months or days)

3. (a) PRINT FULL NAME Christina Margaret Altwein

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

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

6. (b) Name of husband or wife Louis E. Altwein 6. (c) Age of husband or wife if alive 26 years

7. Birth date of deceased Dec. 26 1861
(Month) (Day) (Year)

8. AGE: Years 80 Months 0 Days 11 If less than one day
hr. min.

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

10. Usual occupation At Home

11. Industry or business

12. Name John Meierer

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

14. Maiden name Otilia Wolf

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

16. (a) Informant Mrs. Pierre Freyman

(b) Address 518 N. 8th St. St. Joseph, Mo.

17. (a) Removal (b) Date thereof Jan. 10, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Lexington, Mo.

18. (a) Signature of funeral director Norman W. Budenbacher

(b) Address 1802 Union St. St. Joseph, Mo.

19. (a) Jan. 9, 1942 (b) 20. Nestleburg
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1206 N. 13th
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 7
year 1942 hour 7 minute 00 A. M.

21. I hereby certify that I attended the deceased from Dec 27, 1941 to Jan 7, 1942
that I last saw her alive on Jan 7, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Gangrene of Left Foot
Due to Arterio Sclerosis -

Due to Seizure
Other conditions 98! 2
(Include pregnancy within 3 months of death)

Major findings: Gangrene of Left Foot
Of operations none
Of autopsy none

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) none
(b) Date of occurrence none
(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?

While at work? (Specify type of place) (e) Means of injury

23. Signature H. Thompson (M. D. or other)
Address 825 Charles St. St. Joseph Date signed 1-7-42

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

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.