

FILED OCT 6 1942

Registration District No. 1984 Primary Registration District No. 200

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:  
Manchester Nursing Home 4  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 months  
(Specify whether years, months or days)

In this community 2 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

(c) City or town Clayton  
(If outside city or town limits, write "RURAL")

(d) Street No. 6429 San Bonita  
(If rural, give location)

(e) Citizen of foreign country? 62 years (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Jacob Althaus

(b) If veteran, name war None

(c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 22, year 1942 hour 9:30 PM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 7-1-42 1942 to 9-22 1942 and that death occurred on the date and hour stated above.

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced, widower 2 divorced. Widower

6. (b) Name of husband or wife Katherine Althaus nee Marburger (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 5, 1860  
(Month) (Day) (Year)

Immediate cause of death Ch. myocarditis

8. AGE: Years Months Days If less than one day

82 2 17 hr. \_\_\_\_\_ min.

Due to Bronchial asthma 15 yrs

9. Birthplace Unknown Germany 4  
(City, town, or county) (State or foreign country)

Due to Undiagnosed bowel hemorrhage 2 days

10. Usual occupation Retired

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

11. Industry or business General Contractor

Major findings: Of operations 93A

12. Name Not known

Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

13. Birthplace Not known Germany 4  
(City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace Not known Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. Carl J. Althaus

(b) Address 2 Town & Country, Ladue, Mo

17. (a) Burial (b) Date thereof 9/25/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) SEP 24 1942 (b) C. E. McParson  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

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

23. Signature C. H. Denny (M. D. or other) md

Address Creve Coeur, Mo Date signed 7-24-42

NOV 5 1947

**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..... *Francis Q. Williamson* .....

Licensed Embalmer No. *3565* .....

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, fact should be so stated above.**