

FILED NOV 21 1942

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME

Julia L Althen

3. (b) If veteran, name war. No

3. (c) Social Security No. _____

4. Sex FEMALE / 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 (Month) (Day) (Year)

7. Birth date of deceased 8 - 22 - 1858
(Month) (Day) (Year)

8. AGE: Years 84 Months 2 Days 10 If less than one day _____ hr. _____ min.

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

10. Usual occupation School Teacher, St. Louis Public

11. Industry or business Kindergarden Director

12. Name Henry G. Althen
13. Birthplace Unknown Unknown
(State or foreign country)
14. Maiden name Amelia Randolph
Unknown Unknown
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant I. N. Brown
(b) Address 6649 Marquette Ave.

17. (a) Burial (b) Date thereof 11-4-1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Old St. Marcus Cemetery

18. (a) Signature of funeral director Robert J. Ambruster
(b) Address Clayton Road at Concordia Lane

19. (a) NOV 4 1942 (b) J. F. Budnick
(Date received local registry) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Glendale
(If outside city or town limits, write "RURAL")
(d) Street No. 8 Parkland Place
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 2nd
year 1942 hour 12 minute 10 A. M.

21. I hereby certify that I attended the deceased from 5/1/1942 19____ to 11/2/1942 19____;
that I last saw her alive on 10/31/42 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Maemic Coma Duration 4 days

Due to Ch. Interstitial nephritis Indefinite
Arterial Hypertension Indefinite
Due to Ch. Myocarditis Indefinite

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? _____

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

23. Signature J. W. [unclear] M.P. (M. D. or other) M.D.
Address 3201 Ivanhoe Ave. Date signed 11/3/42

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

MOTHER FATHER

APR 23 1994

APR 1 1994

APR 22 1994

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..... 1994
P.O. Address Clayton, Missouri.

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.