V. S. No. 2
100M—2-43
Rev. 5-17-39
I X35697

FILED AUG 21 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29245

Registration District No. 317 Primary Registration District No. 3069 Registrar's No. 1891

96
8
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights, Mo.,
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Mary's Hospital. 0
(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)

2. USUAL RESIDENCE OF DECEASED: 96

(a) State Missouri. (b) County St. Louis, 7

(c) City or town Webster Groves, 4
(If outside city or town limits, write "RURAL")

(d) Street No. #685 Oakwood Ave.,
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME OTTILIE ALOFS.

3. (b) If veteran, name war none.

3. (c) Social Security No. none.

4. Sex Female.

5. Color or race White. 1

6. (a) Single, widowed, married, divorced Widowed. 2

6. (b) Name of husband or wife William L. Alofs.

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

7. Birth date of deceased October 5th, 1864.
(Month) (Day) (Year)

8. AGE: Years 78. Months 10. Days 12. If less than one day hr. min.

9. Birthplace St. Louis, Missouri. 0
(City, town, or county) (State or foreign country)

10. Usual occupation At Home.

11. Industry or business

FATHER
12. Name Henry Glitz.
13. Birthplace Louisville, Kentucky. 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaretta Yaeger.
15. Birthplace (unknown). 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Marie A. Niedringhaus.
(b) Address 7560 Byron Place.

17. (a) burial. (b) Date thereof 8/19/43.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Concordia Cemetery.

18. (a) Signature of funeral director C.R.Lupton & Sons.
(b) Address #7233 Delmar Boulevard.,

19. (a) AUG 19 1943 (b) C. G. McGarvey, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 17th, year 1943. hour 1:30 minute P. M.

21. I hereby certify that I attended the deceased from Aug. 17, 1943, to Aug. 17, 1943, that I last saw him alive on Aug. 17, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Rt. cerebral Hem.	4 hours
Due to	
Due to 83 a	
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature C. J. Vollmer (M. D. or other) MD
Address 53 W. Big Bend, Webster Groves, Mo. Date signed 8/18/43

(Licensed Embalmer's Statement on Reverse Side)

Dr Clarence J. Vollmar.
55 West Big Bend.
2 - 4. P.M.
WE: 2203.

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 Clarence H. Murray

Licensed Embalmer No. 4011.

P. O. Address St. Louis, M

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.