

S. No. 2
M-2.43
S-17-34
I X3807

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29684

State File No. _____

8430

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

FILED OCT 2 - 1943

Registration District No. _____

Primary Registration District No. **1003**

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:
4424 Osceola St.
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 4424 Osceola St.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME EMIL ALT

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 22nd
 year 1943 hour 11:25 minute 17 M.
 21. I hereby certify that I attended the deceased from July 14
1943 to Sept 22 1943
 that I last saw him alive on Sept 21 1943
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Lydia Alt
 6. (c) Age of husband or wife if alive 59 years
 7. Birth date of deceased Nov. 25th 1883
(Month) (Day) (Year)

Immediate cause of death Acute perforation of
stomach
 Due to Chronic Gastritis 1 year
 Due to _____

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>9</u>	<u>28</u>	hr. _____ min. _____

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

Other conditions Chronic Parenchymatous
(Includes pregnancy within 3 months of death) Nephritis 1 year
 PHYSICIAN _____

10. Usual occupation Guard

11. Industry or business Fairgrounds Pool

12. Name Henry Alt

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

14. Maiden name unknown

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

16. (a) Informant Mrs. Lydia Alt

(b) Address 4424 Osceola St.

17. (a) Burial (b) Date thereof 9-28-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter's Church, Cam.

18. (a) Signature of funeral director Kriegshauser Mortuaries
 (b) Address 4028 So. Kingshighway

19. (a) SFD 93 1943 (b) J. Foredelek
(Date received local registrar) (Registrar's signature)

Major findings:
 Of operations _____
 Of autopsy _____

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) _____
 (e) Means of injury _____
 23. Signature J. M. Marshall (M. D. or other) _____
 Address 53 N. Grand Date signed 9-23-43

Mr. McDonald Dec. 9, 1984
539 St. Louis Mo. 64016

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 A. Mc Dermott

Licensed Embalmer No. 3024

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.