

S. No. 2
 M-5-43
 7. 5-17-39
 I X36871

FILED FEB 28 1944

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1425

1. PLACE OF DEATH:
 (a) County.....
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. John's Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. 2 Days
(Specify whether years, months or days)
 In this community 45 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County 000
 (c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 9
 (d) Street No. 6037 Carlsbad Avenue
(If rural, give location) 2
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME Mr. Howard W. Alt
 3. (b) If veteran, name war.....
 3. (c) Social Security No. 493-07-3093

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month February day 10
 year 1944 hour 8 minute 150 M.

4. Sex Male
 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mrs. Elvira Wittmann
 6. (c) Age of husband or wife if alive 42 years
 7. Birth date of deceased September 4th 1898
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 11 1943 to Feb 10 1944
 that I last saw him alive on Feb 9 1944
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>45</u>	<u>5</u>	<u>6</u>hr.min.

Immediate cause of death Ac. Myocarditis
 Due to Rheumatic fever when a child

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Beer Bottler

Other conditions Chronic nephritis
(Include pregnancy within 3 months of death)

11. Industry or business Brewery
 12. Name George Alt
 13. Birthplace La Salle, Wisc.
(City, town, or county) (State or foreign country)
 14. Maiden name Katherine Reifeiss
 15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

Major findings:
 Of operations 131
 Of autopsy.....
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Elvira Alt
 (b) Address 6037 Carlsbad
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 15, 1944
(Month) (Day) (Year)
 (c) Place: burial or cremation Concordia Cemetery

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)
 Face of injury.....

18. (a) Signature of funeral director Beiderwieden F. H. Inc.
 (b) Address 1936 St. Louis Avenue
 19. (a) FFB 14 1944 (Date received local registrar) (b) J. J. Bredack (Registrar's signature)

23. Signature Otto E. Hansen M.D. (M. D. or other)
 Address 3157 1/2 Parkers Date signed 2/14/44

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

MOTHER FATHER

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..... *Felix J. Krupin*.....

Licensed Embalmer No..... *3497*.....

P. O. Address..... *1936 St. Louis Ave*.....

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.