

FILED FEB 28 1944

Registration District No. 318

Primary Registration District No. 1003

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:  
1722 Coleman 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  
17

(c) City or town..... 3718 a Palm St. Louis 9/0  
(If outside city or town limits, write "RURAL")

(d) Street No..... St. Louis  
(If rural, give location)

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

If yes, name country..... 0

3. (a) PRINT FULL NAME Edward Altmann

3. (b) If veteran, name war.....

3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 9th.  
year 1944 hour 2:30 minute P. M.

21. I hereby certify that I attended the deceased from.....  
....., 19....., to....., 19.....

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Clara Altmann

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased July 24 1878  
(Month) (Day) (Year)

that I last saw h..... alive on....., 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Coronary Occlusion  
Coronary Sclerosis

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

65 6 15 hr. min.

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death).....

Major findings: Of operations.....

Of autopsy.....

9. Birthplace Rueichenberg austria 4  
(City, town, or county) (State or foreign country)

10. Usual occupation Painter

PHYSICIAN

Underline the cause to which death should be charged statistically.

11. Industry or business.....

12. Name ? Altmann

13. Birthplace Dont Know 9  
(City, town, or county) (State or foreign country)

14. Maiden name Dont Know

15. Birthplace Dont Know 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Clara Altmann

(b) Address 3718A Palm St.

17. (a) Burial (b) Date thereof 2-12-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Laurel Hill Gardens

18. (a) Signature of funeral director Provost Und. Co.

(b) Address 3710 N. Grand Blvd.

19. (a) FEB 11 1944 (b) J. J. Bredek  
(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) (a) Means of injury.....

23. Signature Alfred J. ... (M. D. or other).....  
Address ... Date signed 2/11/44

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

MOTHER FATHER

844

**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 me  
\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Robert L. Brinkman  
Licensed Embalmer No. 3553

P. O. Address 3710 N. Grand Bl

**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.**