

FILED NOV 17 1945

STANDARD CERTIFICATE OF DEATH

State File No. **37127**

Registration District No. **119**

Primary Registration District No. **4191**

Registrar's No. **6**

1. PLACE OF DEATH:

(a) County **GASCONADE**
(b) City or town **GASCONADE "RICHARD"**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
this Residence
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
16 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME **August Christian Altmeyer**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

4. Sex **Male** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **married**
(b) Name of husband or wife **Caroline Altmeyer** (c) Age of husband or wife if alive **57** years
7. Birth date of deceased **May 9 1886**
(Month) (Day) (Year)

8. AGE: Years **79** Months **5** Days **2** If less than one day hr. min.

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

10. Usual occupation **Retired Hookster**

11. Industry or business:

12. Name **Christian Altmeyer**
13. Birthplace **St Louis** (City, town, or county) **Mo** (State or foreign country)
14. Maiden name **Matilda Meyer**
15. Birthplace **St Louis** (City, town, or county) **Mo** (State or foreign country)

16. (a) Informant **Adam Altmeyer**
(b) Address **Gasconade Mo**
17. (a) **Burial** (b) Date thereof **10/13/45**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **St Louis Mo**

18. (a) Signature of funeral director **Hugo H. Blumer**
(b) Address **Hermann, Mo**
19. (a) **10/13/45** (b) **Orlando A. Mundorf**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Gasconade**
(c) City or town **Gasconade** (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **11**
year **1945** hour **7** minute **15 P** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **self inflicted** Duration

Due to **shot gun wound into lower chest and upwards**
Due to **pains and ill health**
cancerous condition

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) **suicide**
(b) Date of occurrence **Oct 11 1945 7:15 A.M.**
(c) Where did injury occur? **in basement of his home**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
no home

While at work? (Specify type of place) (e) Means of injury **shot himself**

23. Signature **A. R. Stoltz** acting registrar
Address **Hermann Mo** Date signed **10/14/45**

RECEIVED

District Health Officer No. 9.

District File Number

Date Filed

11-15-45

OCT 23 1951
DEC 3 1951

NOV 3 1952

SEP 25 1951

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

Chas. N. Pope

Licensed Embalmer No. 2552

P. O. Address Hermann, Mo

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.