

FILED JUL 26 1948
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6406

Registration District No. _____ Primary Registration District No. _____

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: 2017 Salisbury St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. None
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2017 Salisbury St.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Joseph Altenhofer

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19
year 1946 hour 9:00 minute A. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife Marie Altenhofer 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 6, 1870
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 11, 1946 to June 29, 1946
that I last saw him alive on June 1, 1946
and that death occurred on the date and hour stated above.

8. AGE: Years Months 75 9 14 If less than one day
hr. min.

Immediate cause of death Carcinoma of lung Duration 6+ months

9. Birthplace Unknown Austria
(City, town, or county) (State or foreign country)

10. Usual occupation Cabinet Maker

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

11. Industry or business _____

MOTHER FATHER { 12. Name Ferdinand Altenhofer

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

14. Maiden name Antonlia Anderlira

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Marie Altenhofer

(b) Address 2017 Salisbury St.

17. (a) Burial (b) Date thereof 7/23/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Math Hermann & Son
2161 East Fair Ave

(b) Address _____

19. (a) JUL 21 1946 J. F. Bradeck
(Date received from 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) (e) Means of injury _____

23. Signature Robert M. Smith (M. D. or other) M.D.
Address Wash. 4. Clinic - Barnes Date signed 7/20/46
HOSPITAL

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

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

Raymond F. Hermann

Licensed Embalmer No. *4266*

P. O. Address. *St. Louis, 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.