. S. No. 2
M—1/47
ev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 11 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8526

Registration District No. 116 — Primary Registration District No. 3020 — Registrar's No. 63

36
6
2

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

1. PLACE OF DEATH:
(a) County FRANKLIN
(b) City or town WASHINGTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. FRANCIS
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days (Specify whether
In this community Entire Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Franklin 36
(c) City or town New Haven Mo 1
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME FRITZ ALTHEIDE
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife MARY ALTHEIDE
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept (Month) 17 (Day) 1861 (Year)

8. AGE: Years 85 Months 6 Days 14 If less than one day hr. min.
9. Birthplace New Haven Mo (City, town, or county) (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business
FATHER
12. Name Zacharias Altheide
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Minnie Kappelman
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Alma Altheide
(b) Address New Haven Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/3/47 (Month) (Day) (Year)
(c) Place: burial or cremation New Haven Mo
18. (a) Signature of funeral director L. Dietz & Son
(b) Address New Haven Mo
19. (a) APR 3 0 1947 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31 year 1947 hour 2 minute 45 P.M.
21. I hereby certify that I attended the deceased from February 13, 1944 to March 31, 1947 that I last saw him alive on March 31, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pneumonia (broncho)	5 days
Influenza	12 days
Due to Fracture of Right Hip (intertrocanteric)	10 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations no operation
Of autopsy no autopsy

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Fracture of Hip contributory cause of death
(b) Date of occurrence March 21, 1947
(c) Where did injury occur? New Haven, Franklin, Mo. (City or town) (County) (State) 6
(d) Did injury occur in or about home, on farm, in industrial place, in public place? own home (Specify type of place)
While at work? (e) Means of injury Fall
23. Signature B.P. Eisenmann (M. D. or other) MD
Address New Haven, Mo. Date signed 4/1/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

.99

RECEIVED.
District Health Officer No. 9
District File Number
Date Filed APR 10 1947

MAY 29 1947

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 Earl Fertig

Licensed Embalmer No. 3385

P. O. Address New Haven 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.