. S. No. 2
OM—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42817

FILED DEC 31 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 14598

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: 8320 Alabama Ave., (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)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri, (b) County Rad
(c) City or town St. Louis, (If outside city or town limits, write "RURAL") 17
(d) Street No. 3449a Illinois Ave., (If rural, give location) 24
(e) Citizen of foreign country? No. (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Madge Louise Althage,
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female, 5. Color or race White, 6. (a) Single, widowed, married, divorced Married,
6. (b) Name of husband or wife Edward W. Althage, 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased August (Month) 23, (Day) 1895 (Year)

8. AGE: Years	Months	Days	If less than one day
52	3	23	hr. min.

9. Birthplace Denton, (City, town, or county) Arkansas, (State or foreign country)
10. Usual occupation Dress Operator,
11. Industry or business Paul Sachs Originals,
MOTHER FATHER
12. Name Henry Ivie,
13. Birthplace Unknown, (City, town, or county) 9 (State or foreign country)
14. Maiden name Unknown,
15. Birthplace Unknown, (City, town, or county) 9 (State or foreign country)
16. (a) Informant Edward W. Althage,
(b) Address 3449a Illinois Ave.,
17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof 12/18/47 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park,
18. (a) Signature of funeral director Gebken-Benz Mortuary,
(b) Address 2842 Meramec St.,
19. (a) DEC 17 1947 (Date received local registrar) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 16th year 1947 hour 7: minute 25 A. M.
21. I hereby certify that I attended the deceased from Nov 28, 1947 to Dec 16, 1947 that I last saw her alive on Dec 15, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Liver	8
Due to —	
Due to —	
Other conditions (Include pregnancy within 3 months of death) —	
Major findings: Of operations	
Of 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)
(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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature C. E. Moeller (M. D. or other)
Address 3537 S. Jefferson Date signed 12-16-47

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

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 Loron E. Percy

Licensed Embalmer No. 4094

P. O. Address 2842 Meramec St., St. Louis, 18, 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.