

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. _____

Primary Registration District No. 3058

Registrar's No. 66

1. PLACE OF DEATH:

(a) County St. Charles
(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Louis T. Alderson

3. (b) If veteran, name war NIL 3. (c) Social Security No. 566-10-6291

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Eather Alderson 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased September 20 1888
(Month) (Day) (Year)

8. AGE: Years 59 Months 6 Days 25 If less than one day hr. _____ min. _____

9. Birthplace Wellsville Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Painter

11. Industry or business _____

MOTHER FATHER { 12. Name Joseph H. Alderson
13. Birthplace Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Mary Cary
15. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)

16. (a) Informant Leroy Alderson
(b) Address Moscow Mills, Missouri

17. (a) burial (b) Date thereof Apr 18-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wellsville, Missouri

18. (a) Signature of funeral director Wayne McCoy
(b) Address Troy, Missouri

19. (a) 4-19-48 (b) Famine Hamilton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln
(c) City or town Moscow Mills
(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 April day 15
year 1948 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from 4/8 to 4/15, 1948
that I last saw him alive on 4/15/48, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 10 days

Due to _____

Due to _____

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

Major findings: Of operations myocardial infarction

Of autopsy none

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? No

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature B. S. Hamilton (M. D. or other) MD
Address St. Louis, Mo Date signed 4/16/48

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed APR 23 1948

APR 30 1948

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.....

Herbert C. Dallmeyer....., Registered Apprentice No. 429
working under my personal supervision.

Signed Joseph I. Landolt
Licensed Embalmer No. 4189
P. O. Address: St. Charles

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.