FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 21 1948
Registration District No. 209

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33515
Primary Registration District No. 3043
Registrar's No. 326

1. PLACE OF DEATH:
(a) County Marion
(b) City or ~~town~~ Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Elizabeth Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or ~~institution~~ 0 (Specify whether
In this community 5 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County Pike 99
(c) City or town Hull 0
(If outside city or town limits, write "RURAL")
(d) Street No. 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles H. Althoff
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) ~~Single, widowed~~, married, ~~divorced~~ married
6. (b) Name of ~~husband~~ or wife Margaret
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased March (Month) 25 (Day) 1874 (Year)

8. AGE: Years 74 Months 6 Days 18 If less than one day ..... hr. ..... min.

9. Birthplace Quincy (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Druggist
11. Industry or business
FATHER
12. Name Henry Althoff
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Agusta Howmiller
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Margaret Althoff
(b) Address Hull Illinois
17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Oct. 16 1948 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Kinderhook, Ill.
18. (a) Signature of funeral director W Crawford Smith
(b) Address 902 Broadway Hannibal
19. (a) 10.14.48 (Date received local registrar) (b) Dr R M Luske (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 13
year 1948 hour 12 noon minute — M.
21. I hereby certify that I attended the deceased from 10-9, 1948 to 10-13, 1948
that I last saw him alive on 10-13, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchial Pneumonia	2 days
Due to Fracture of Right Hip	4 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations No 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) Accident
(b) Date of occurrence 10-9-48
(c) Where did injury occur? Hull (City or town) Illinois (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? No (e) Means of injury
23. Signature B. L. Murphy (M. D. or other) M D
Address Hannibal Mo. Date signed 10/14/48

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

WRITE PLAINLY—USING 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.....John S. Ward.....

Licensed Embalmer, No.....4540.....

P. O. Address.....Hannibal, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.