

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED FEB 15 1949

State File No. 1635

BIRTH NO. _____		REG. DIST. NO. 162		PRIMARY REG. DIST. NO. 5595		Registrar's No. 11	
1. PLACE OF DEATH a. COUNTY JEFFERSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY JEFFERSON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL ROCK TOWNSHIP		c. LENGTH OF STAY (In this place) 30 YRS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL ROCK TOWNSHIP			
d. FULL NAME OF HOSPITAL OR INSTITUTION OWN HOME NEAR HIGH RIDGE				d. STREET ADDRESS (If rural, give location) HOUSE SPRINGS RR			
3. NAME OF DECEASED (Type or Print) CHARLES		a. (First)		b. (Middle)		c. (Last) ALT	
4. DATE OF DEATH FEB. 7-1949		(Month)		(Day)		(Year)	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JAN 7-1864	
9. AGE (In years last birthday) 85		10. UNDER 1 YEAR 1		11. UNDER 1 YEAR 0		12. UNDER 1 YEAR 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter Ret.		10b. KIND OF BUSINESS OR INDUSTRY Ret. (Invalid)		11. BIRTHPLACE (State or foreign country) HIGH RIDGE MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME ANDREW ALT		13b. MOTHER'S MAIDEN NAME MARY SEHRIMPS		14. NAME OF HUSBAND OR WIFE CHARLOTTE ALT			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Roy Alt ADDRESS HOUSE SPRINGS - RR 1			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Marked Generalized Arteriosclerosis DUE TO (c) Marked Emphysema II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 weeks	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION L 2 21				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan. 1947, to Feb 7, 1949, that I last saw the deceased alive on Feb 7, 1949, and that death occurred at 8:53 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Dr. Leo W. Baker Jr.		23b. ADDRESS 202 Box 91 Hinton MO		23c. DATE SIGNED 2/8/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 2/10/49		24c. NAME OF CEMETERY OR CREMATORY St. Martins		24d. LOCATION (City, town, or county) (State) High Ridge MO	
DATE REC'D BY LOCAL REG. Feb 12 49		REGISTRAR'S SIGNATURE Phil J. Kirk 140		25. FUNERAL DIRECTOR'S SIGNATURE John Summer		ADDRESS Home Springs MO	

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

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

### 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

Paul Wachter  
working under my personal supervision.

Student Embalmer No. 303

Signed Paul Wachter  
Student Embalmer

Signed John B. Rimmer  
Licensed Embalmer No. 1470

P. O. Address House Springs, 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.