No. 300
10.48

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

FILED JAN 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2349

BIRTH NO. _____ REG. DIST. NO. 309 PRIMARY REG. DIST. NO. 4060 Registrar's No. 1

1. PLACE OF DEATH
a. COUNTY: ST. CHARLES
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL-PORTAGE DE SIOUX
c. LENGTH OF STAY (in this place): 66 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): WEST ALTON

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: ST. CHARLES
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL-PORTAGE DES SIOUX
d. STREET ADDRESS (If rural, give location): WEST ALTON

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle):
c. (Last): PALTZER

4. DATE OF DEATH (Month) (Day) (Year): JAN. 8, 1949

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. ~~MARRIED, WIDOWED, DIVORCED~~ NEVER MARRIED, (Specify): 0

8. DATE OF BIRTH: JULY. 28, 1882

9. AGE (In years last birthday): 66
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER

10b. KIND OF BUSINESS OR INDUSTRY: FARM

11. BIRTHPLACE (State or foreign country): MO

12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: JOHN PALTZER

13b. MOTHER'S MAIDEN NAME: CHRISTINA SLEEPER

14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: —

17. INFORMANT'S SIGNATURE OR NAME: Ed Paltzer
ADDRESS: WEST ALTON, MO.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 Hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arterio-Sclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO. ☒

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* June 7, 1949, *that I last saw the deceased alive on* June 5, 1949, *and that death occurred at* 8:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: G. E. Gordon M.D. (Degree or title)

23b. ADDRESS: 917 W. 3rd St. Alton Ill.

23c. DATE SIGNED: 1-8-49

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: JAN. 10, 1949

24c. NAME OF CEMETERY OR CREMATORY: EBENEZER

24d. LOCATION (City, town, or county) (State): ST. CHARLES, MO.

DATE REC'D BY LOCAL REG.: Jan 8th 1949

REGISTRAR'S SIGNATURE: H. W. Grimm 366

25. FUNERAL DIRECTOR'S SIGNATURE: Raeph A. Kent
ADDRESS: ALTON, ILL.

(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 ..... Student Embalmer No. ..... working under my personal supervision.

Student .....
Student Embalmer

Signed Albert Mayfield

Licensed Embalmer No. 3077

P. O. Address St Louis 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.