

FILED APR 15 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10078

State File No. 2962

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No.

IO 5511  
5417 S. Grand Blvd  
Dr. Brennan of Dr. Saurik  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE		b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home 4525 Tholozan Ave		d. STREET ADDRESS (If rural, give location) 4525 Tholozan Ave				
3. NAME OF DECEASED (Type or Print) Caroline		a. (First)		b. (Middle)		
c. (Last)		4. DATE OF DEATH 3-30-1949		(Month) (Day) (Year)		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		
8. DATE OF BIRTH 7-29-1896		9. AGE (In years last birthday) 52		IF UNDER 1 YEAR Months Days		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) Missouri		
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME August Altvater		13b. MOTHER'S MAIDEN NAME Caroline Busse		
14. NAME OF HUSBAND OR WIFE Albert W. Gigi		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		
17. INFORMANT'S SIGNATURE OR NAME Albert W. Gigi		ADDRESS 4525 Tholozan Ave				
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				INTERVAL BETWEEN INTERVIEW AND DEATH Oct 22, 1948
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Hypertensive Heart Disease				
ANTECEDENT CAUSES		Chronic Nephritis				1946
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)				
DUE TO (c)						
II. OTHER SIGNIFICANT CONDITIONS		None				
Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) (Min)		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 Oct 22, 1948, to 3/30, 1949, that I last saw the deceased alive on 3/21, 1949, and that death occurred at 12:30 a.m., from the causes and on the date stated above.						
23a. SIGNATURE C. J. Jones M.D.		(Degree or title)		23b. ADDRESS 5417 S. Grand Blvd		
23c. DATE SIGNED 4-1-49		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-1-1949		
24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cemetery		24d. LOCATION (City, town, or county) (State) 7801 Gravois Ave Mo				
DATE REC'D BY LOCAL REG. APR 1 1949		REGISTRAR'S SIGNATURE J. B. Lassiter		25. FUNERAL DIRECTOR'S SIGNATURE Ziegler Bros. 6409 Gravois Ave		

**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

*Henry M. Branner*

Licensed Embalmer No. *4200*

P. O. Address *St. Louis*

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.