

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24555

1003

State File No. 6195

318

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis
 c. LENGTH OF STAY (In this place) _____
 d. FULL NAME OF HOSPITAL OR INSTITUTION 1521 N. Jefferson Ave

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE Missouri
 b. COUNTY St. Louis
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis
 d. STREET ADDRESS (If rural, give location) 20 - 1521 N. Jefferson Ave.

3. NAME OF DECEASED
 a. (First) Octave L. Alpiser
 b. (Middle) _____
 c. (Last) _____

4. DATE OF DEATH (Month) (Day) (Year)
July 14, 1949

5. SEX
Male

6. COLOR OR RACE
White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH
Feb. 9, 1873

9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.)
76 7 5

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

10b. KIND OF BUSINESS OR INDUSTRY
Candles and Wax

11. BIRTHPLACE (State or foreign country)
Elgin, Illinois

12. CITIZEN OF WHAT COUNTRY?
1

13a. FATHER'S NAME
Virgil Alpiser

13b. MOTHER'S MAIDEN NAME
Unknown

14. NAME OF HUSBAND OR WIFE
Catherine Alpiser

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.
no

17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS
Catherine B. Alpiser 1521 N. Jefferson

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) Mitral stenosis
ANTECEDENT CAUSES
 DUE TO (b) Septic arthritis + diabetes
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS.
 Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
5 yrs.
10 yrs.

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)
92

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?
HIX

22. I hereby certify that I attended the deceased from Jan 7, 1920, to July 14, 1949, that I last saw the deceased alive on July 12, 1949, and that death occurred at 7 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
Dr. M. Davis M.D.

23b. ADDRESS
24227 Grand

23c. DATE SIGNED
7/14/49

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

24b. DATE
July 18, 1949

24c. NAME OF CEMETERY OR CREMATORY
Memorial Park

24d. LOCATION (City, town, or county) (State)
St. Louis County Missouri

DATE REC'D BY LOCAL REG.
JUL 16 1949

REGISTRAR'S SIGNATURE
J. B. Pascoe

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS
Deeseel, Newhall 1431 Union Blvd.

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Ray W Wilkinso

Licensed Embalmer No. 3575

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.