

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2234

FILED JAN 28 1950

State File No. \_\_\_\_\_

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

Registrar's No. **679**

2009 5

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 Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (In this place) 3 1/2 yr.		d. STREET ADDRESS (If rural, give location) 5351 Delmar Boulevard	
3. NAME OF DECEASED (Type or Print) a. (First) Marie b. (Middle) Agnes c. (Last) Alverson			4. DATE OF DEATH (Month) (Day) (Year) 1 / 21 / 1950
5. SEX F	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widow	8. DATE OF BIRTH 1/29/1875
9. AGE (In years, months, days, hours, min.) 74		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	
11. BIRTHPLACE (State or foreign country) Stuttgart, Germany		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Heinarich Schoenhar		13b. MOTHER'S MAIDEN NAME Marie Agnes Frost	14. NAME OF HUSBAND OR WIFE Henry Wallace Alverson
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 AND ADDRESS Dr. N. Martin 5351 Delmar
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, asthma, 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) Chronic Interstitial Nephritis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS 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) 3721			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 12/17/46 19 to 1/21 1950, that I last saw the deceased alive on 1/21/19 50 and that death occurred at 3:30 p. m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) John S. ...		23b. ADDRESS 508 N Grand	
23c. DATE SIGNED 1/21/50			
24a. BURIAL, CREMATION, REMOVAL Removal		24b. DATE 1-22-50	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) St. James, Mo.	
DATE RECD BY LOCAL REG. JAN 23 1950		REGISTRAR'S SIGNATURE Albert H. Hoppe	
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Albert H. Hoppe, 4700 Washington Blvd.			

**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

*J. A. D. Dickey*

Licensed Embalmer No. 3653

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.