No. 300
10-48

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

FILED MAR 4 1950

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

State File No. 5941

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1754

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St.Louis
c. LENGTH OF STAY (In this place): 4-months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Alexian Bros.Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St.Louis 2019 S
d. STREET ADDRESS (If rural, give location): 3628 Loughborough Ave.

**3. NAME OF DECEASED** (Type or Print)
a. (First) b. (Middle) c. (Last): Reverend August J.Alt, C.M.

**4. DATE OF DEATH** (Month) (Day) (Year): Feb.22,1950

**5. SEX**: M.
**6. COLOR OR RACE**: W.
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): S.
**8. DATE OF BIRTH**: March 2,1881
**9. AGE** (In years last birthday): 68 — If under 1 year: Months 11, Days 20 — If under 24 hrs.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Catholic Priest
**10b. KIND OF BUSINESS OR INDUSTRY**:
**11. BIRTHPLACE** (State or foreign country): Salina,Kansas
**12. CITIZEN OF WHAT COUNTRY?**: U.S.

**13a. FATHER'S NAME**: Ernst J.Al t
**13b. MOTHER'S MAIDEN NAME**: Teresa Zolmer
**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.**: none
**17. INFORMANT'S SIGNATURE OR NAME ADDRESS**: RevG.Cyril LeFevre,C.M.3628 Loughbrough

**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) Carcenomatosis — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Cancer of Stomach — 1 1/2 yrs

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?** Cancer of Stomach
**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?** 151X

22. *I hereby certify that I attended the deceased from* Nov 6 *19*48, *to* Feb 22 *19*50, *that I last saw the deceased alive on* Feb 21, 1950 *and that death occurred at* 5 a. m., *from the causes and on the date stated above.*

**23a. SIGNATURE** Edw. J. Bunnell (Degree or title) M.D.
**23b. ADDRESS** 607 No Grand
**23c. DATE SIGNED** 2/25/50

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Removal
**24b. DATE**: Feb.24.1950
**24c. NAME OF CEMETERY OR CREMATORY**: Unknown
**24d. LOCATION** (City, town, or county) (State): Salina,Kansas

DATE REC'D BY LOCAL REG. FEB 23 1950
REGISTRAR'S SIGNATURE: J B Brooks
**25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS**: Arthur J. Donnelly 3840 Lindell Blvd.

(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 Thomas R. Fenwick

Licensed Embalmer No. 3793

P. O. Address 3840 Lindell

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.