

FILED MAY 11 1950

## STANDARD CERTIFICATE OF DEATH

State File No. 14311

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4047

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis, Mo.</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Louis Village, Mo. 40010</i>	
c. LENGTH OF STAY (in this place) <i>3 days</i>		d. STREET ADDRESS (If rural, give location) <i>9 Waverton Drive</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Louis Children's Hosp.</i>			
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) <i>Michael</i>		b. (Middle) <i>George</i>	
c. (Last) <i>Alt</i>		May 3 1950	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>1</i>	8. DATE OF BIRTH <i>Aug. 30-1945</i>
9. AGE (In years last birthday) <i>4</i>		10. MONTHS <i>9</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTH PLACE (State or foreign country) <i>Colorado Springs, Colo.</i>	
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <i>Amer.</i>	
13a. FATHER'S NAME <i>Russell G. Alt</i>		13b. MOTHER'S MAIDEN NAME <i>Ruth Paulsell</i>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <i>Russell G. Alt</i>	
17. ADDRESS <i>9 Waverton Dr.</i>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Anoxia from Cardiac Standstill</i>		ANTECEDENT CAUSES		15 hrs	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <i>Resistant Reaction in studying</i>		15 hrs	
		DUE TO (c) <i>Coarctation of Aorta, Adult type congenital</i>			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <i>5/2/50</i>		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) <i>St. Louis, Mo.</i>	
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? <i>7:54 AM</i>	

22. I, hereby certify that I attended the deceased from *5-1*, 1950, to *5-3*, 1950, that I last saw the deceased alive on *5-3*, 1950, and that death occurred at *7:54 AM*, from the causes and on the date stated above.

23a. SIGNATURE <i>Wm. G. Klingberg MD</i>		23b. ADDRESS <i>St. Louis Childrens Hospital</i>		23c. DATE SIGNED <i>5-4-50</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		24b. DATE <i>5-5-50</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Valhalla Cemetery</i>	
24d. LOCATION (City, town, or county) (State) <i>St. Louis Co., Mo.</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Parker Und. Co.</i>		ADDRESS <i>Webster Groves, Mo.</i>	
DATE REC'D BY LOCAL REG. <i>MAY 4 1950</i>		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Parker Und. Co.</i>	
				ADDRESS <i>Webster Groves, Mo.</i>	

(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Leslie Welch*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4395*

P. O. Address *Halister Groves*

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.