

FILED DEC 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41953

State File No.

Registrar's No. 10418

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. 1003		State File No.			
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 OR TOWN Saint Louis)		c. LENGTH OF STAY (In this place) 31 Years		c. CITY (If outside corporate limits, write RURAL and give township) Saint Louis		2107			
d. FULL NAME OF HOSPITAL OR INSTITUTION 4257 Margaretta Avenue				STREET ADDRESS (If rural, give location) 4257 Margaretta Avenue					
3. NAME OF DECEASED a. (First) Harry (Type or Print)			b. (Middle) J.		c. (Last) Almstedt		4. DATE OF DEATH (Month) (Day) (Year) December 4th, 1950		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 24th, 1886			
9. AGE (In years last birthday) 64		IF UNDER 1 YEAR Months 0		IF UNDER 12 HRS. Days 24		Hours 0 Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tool & Die Maker			10b. KIND OF BUSINESS OR INDUSTRY Tyler Metal Prod. Co.			11. BIRTHPLACE (State or foreign country) St. Louis, Missouri			
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME Henry Almstedt		13b. MOTHER'S MAIDEN NAME Lena Ellinghaus		14. NAME OF HUSBAND OR WIFE Selma S. Almstedt nee Weber		
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. 494-07-8100		17. INFORMANT'S SIGNATURE OR NAME Selma S. Almstedt			ADDRESS 4257 Margaretta Avenue	
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) Coronary occlusion ANTECEDENT CAUSES Morbid 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 Conditions contributing to the death but not related to the disease or condition causing death. <i>O.K. Joseph M. [Signature]</i>						INTERVAL BETWEEN ONSET AND DEATH 11-8-47	
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) (m.) _____			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H-201							
22. I hereby certify that I attended the deceased from April 1947 , to Jan 7, 1950 , that I last saw the deceased alive on Jan 7, 1950 , and that death occurred at 6:30P m., from the causes and on the date stated above.									
23a. SIGNATURE J. J. O'Flaherty				T. J. O'FLAHERTY (Degree or title)		23b. ADDRESS 4222 N. Grand		23c. DATE SIGNED 12-6-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/7/50		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri			
DATE REC'D BY LOCAL REG. DEC 7 1950		REGISTRAR'S SIGNATURE R. B. Casater		25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Feutz				ADDRESS 4828 Natural Bridge 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed X *John A. Mlinar*
Licensed Embalmer No. *4186*

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.