S. No. 300
v. 10-48

FILED MAR 22 1951

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

State File No. 9824

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2277

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

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS Mo
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ST. LOUIS CITY HOSPITAL

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS 2019
d. STREET ADDRESS (If rural, give location) 6144 LOUISIANA

**3. NAME OF DECEASED** (Type or Print) a. (First) GEORGE b. (Middle) — c. (Last) ALTSCHUH

**4. DATE OF DEATH** (Month) (Day) (Year) MAR. 9 1951

**5. SEX** MALE

**6. COLOR OR RACE** WHITE

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

**8. DATE OF BIRTH** MAR. 15, 1856

**9. AGE** (In years last birthday) 94 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

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

**10b. KIND OF BUSINESS OR INDUSTRY** McQUAY NORRIS

**11. BIRTHPLACE** (State or foreign country) ILLINOIS

**12. CITIZEN OF WHAT COUNTRY?**

**13a. FATHER'S NAME** JACOB ALTSCHUH

**13b. MOTHER'S MAIDEN NAME** MARIE KECK

**14. NAME OF ~~HUSBAND~~ OR WIFE** (DECEASED) CATHERINE ALTSCHUH

**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** ELSIE BECKER ADDRESS 6144 LOUISIANA

**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) Fr of the Right Femur; Arteriosclerosis; suffered when discond

ANTECEDENT CAUSES

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

DUE TO (b) ~~fell while working in the~~ basement of his home at 6144

DUE TO (c) ~~Louisiana on Mar 2 1951~~ at about 400 pm

II. OTHER SIGNIFICANT CONDITIONS

*Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

**19a. DATE OF OPERATION**

**19b. MAJOR FINDINGS OF OPERATION** Accident

**20. AUTOPSY?** YES ☐ NO ☐

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify) Accident

**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) Home

**21c. (CITY, TOWN, OR TOWNSHIP)** (COUNTY) (STATE) St Louis Mo

**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) Mar 2 51 400 p m.

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

**21f. HOW DID INJURY OCCUR?** E 9046

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 10:15 P m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title) Patrick E Taylor Coroner

**23b. ADDRESS** 31300 Clark

**23c. DATE SIGNED** 3.14.51

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

**24b. DATE** MAR. 12 1951

**24c. NAME OF CEMETERY OR CREMATORY** MT. EVERGREEN

**24d. LOCATION** (City, town, or county) (State) MILLSTADT ILLINOIS

**DATE REC'D BY LOCAL REG.** MAR 12 1951

**REGISTRAR'S SIGNATURE** J B Lasater

**25. FUNERAL DIRECTOR'S SIGNATURE** Thomas Kutis ADDRESS 2906 Gravois

(Licensed Embalmer's Statement on Reverse Side)

2272

## 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 Leo J. Budde

Signed.....
Student Embalmer

Licensed Embalmer No. 3989

P. O. Address St. Louis, M

**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.**