

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13731**

FILED MAY 4 1951

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3836**

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) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony's Hospital		/d. STREET ADDRESS (If rural, give location) 4079 A. Alma Ave	
3. NAME OF DECEASED (Type or Print) Leonard		a. (First) J.	b. (Middle) Altstatt
4. DATE OF DEATH 4-21-1951		5. SEX Male	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 1-4-1885		9. AGE (In years last birthday) 66	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician Retired		10b. KIND OF BUSINESS OR INDUSTRY Ill. Central R.R.	
11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Isaac Altstatt		13b. MOTHER'S MAIDEN NAME Caroline Bath	
14. NAME OF HUSBAND OR WIFE Rose Altstatt		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. 709-01-5614		17. INFORMANT'S SIGNATURE OR NAME Rose Altstatt	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis INTERVAL BETWEEN ONSET AND DEATH 1 hour ANTECEDENT CAUSES DUE TO (b) Myocarditis Hypertensive Cardiac Vasculer Disease 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from Jan 2, 1949 , to April 21, 1951 , that I last saw the deceased alive on April 21, 1951 , and that death occurred at 6:30 A. m. , from the causes and on the date stated above.	
23a. SIGNATURE Mitchel L. Bartmick		23b. ADDRESS 7629 So. Broadway	
23c. DATE SIGNED 4/23/51		23d. (Degree or title) M.A.	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-24-1951	
24c. NAME OF CEMETERY OR CREMATORY Frieden's Cemetery		24d. LOCATION (City, town, or county) (State) 8900 N. Broadway Mo	
25. FUNERAL DIRECTOR'S SIGNATURE J. B. Lester		ADDRESS Ziegenhain Bros 6409 Gravois Ave	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE APR 24 1951		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	

DR. BARTWICK 7629 S. BROADWAY FL 3706

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

(Licensed Embalmers' 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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Law M. Symon

Signed.....

Student Embalmer

Licensed Embalmer No. *4343*

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.