

## STANDARD CERTIFICATE OF DEATH

State File No. 2823

0122

FILED JAN 28 1953

318

1003

BIRTH NO.

REG. DIST. NO.

PRIMARY REG. DIST. NO.

Registrar's No.

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis

c. LENGTH OF STAY (in this place) 1 day

d. FULL NAME OF HOSPITAL OR INSTITUTION D.O.A. City Hospital #1

## 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE

b. COUNTY

Missouri

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis

2249

d. STREET ADDRESS

(If rural, give location)

3744 Kosciusko Street

## 3. NAME OF DECEASED (Type or Print)

a. (First)

b. (Middle)

c. (Last)

GEORGE

L.

ALT

## 4. DATE OF DEATH

(Month)

(Day)

(Year)

Jan 5, 1953

## 5. SEX

0

## 6. COLOR OR RACE

White

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

Single

## 8. DATE OF BIRTH

Jan 12, 1881

## 9. AGE (in years last birthday)

71

## 10. UNDER 1 YEAR

Months

## 11. UNDER 1 YEAR

Days

## 12. UNDER 1 MRS.

Hours

Mins.

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

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) Franklin County Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

## 13a. FATHER'S NAME

Christ Alt

## 13b. MOTHER'S MAIDEN NAME

Dorothy Zohn

## 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) no none

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT'S SIGNATURE OR NAME

## ADDRESS

Arthur Boroughf 5143 Raymond 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.

## I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a)

## 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.

## INTERVAL BETWEEN ONSET AND DEATH

## 19a. DATE OF OPERATION

## 19b. MAJOR FINDINGS OF OPERATION

## 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) (Min.)

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

## 21f. HOW DID INJURY OCCUR?

491X

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 12:25 P.m., from the causes and on the date stated above.

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

## 23b. ADDRESS

1300 Clark

## 23c. DATE SIGNED

1: 6: 53

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

Removal

## 24b. DATE

Jan 9, 1953

## 24c. NAME OF CEMETERY OR CREMATORY

Sunset Memorial Cemetery

## 24d. LOCATION (City, town, or county)

Pacific Missouri

## (State)

DATE REC'D BY LOCAL REG. JAN 6 1953

## REGISTRAR'S SIGNATURE

J. C. Smith 40

## 25. FUNERAL DIRECTOR'S SIGNATURE

## ADDRESS

Shepard Funeral Home, 1167 Hamilton Ave

(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 Me

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

Elton R. H. Remelius

Licensed Embalmer No. 42,83

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.