

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15417

State File No. \_\_\_\_\_

FILED APR 18 1953

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 3677

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 3677					
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. LENGTH OF STAY (in this place) 2 Days		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hospital				e. STREET ADDRESS (If rural, give location) 8 8537 Gilmore 2089							
3. NAME OF DECEASED (Type or Print) a. (First) Alois			b. (Middle) Altenhofer			4. DATE OF DEATH (Month) (Day) (Year) April 5, 1953.					
5. SEX 0 male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH June 18, 1879					
9. AGE (in years last birthday) 73		10. MONTHS Days		11. HOURS Min.		9. AGE (in years last birthday) 73					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			10b. KIND OF BUSINESS OR INDUSTRY Tool & Dye Worker			11. BIRTHPLACE (City and State or Foreign Country) Austria 4					
12. CITIZEN OF WHAT COUNTRY? yes.			13a. FATHER'S NAME Ferdinand Altenhofer		13b. MOTHER'S MAIDEN NAME Antonia Andele		14. NAME OF HUSBAND OR WIFE Mary Altenhofer				
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. 333-03-3646		17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary Altenhofer			ADDRESS 8537 Gilmore Ave.			
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) <i>Mesenteric Thrombosis</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arteriosclerosis</i> 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 <i>3 Days</i> <i>3-4 yrs</i>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>Gangrene of left ileum</i>						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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. HOW DID INJURY OCCUR? 5702					
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"/>		22. I hereby certify that I attended the deceased from <i>4-3</i> , 19 <i>53</i> to <i>4/5</i> , 19 <i>53</i> that I last saw the deceased alive on <i>4/5</i> , 19 <i>53</i> , and that death occurred at <i>10:30</i> p.m., from the causes and on the date stated above.							
23a. SIGNATURE <i>Charles St. John M.D.</i>				23b. ADDRESS <i>220 - N - 4 - St. Louis</i>		23c. DATE SIGNED <i>4/7/53</i>					
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 4-9-53.		24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory		24d. LOCATION (City, town, or county) (State) St. Louis Co. Missouri.					
DATE REC'D BY LOCAL REG. APR 8 1953		REGISTRAR'S SIGNATURE <i>J. Carl Smith M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE Math Hermann & Son, Inc. 2161 E. Fair 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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Walter W. Beasley*.....  
Licensed Embalmer No. *142*.....

P. O. Address.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.