

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19076

State File No. ....

FILED MAY 19 1953

|   |   |  |  |   |   |  |   |
|---|---|--|--|---|---|--|---|
| BIRTH NO. _____   |   | REG. DIST. NO. <u>309</u>  |  | PRIMARY REG. DIST. NO. <u>4850</u>  |   | Registrar's No. <u>6</u>   |   |
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Charles</u> <u>0920</u>   |   |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u> <u>0920</u> |   |  |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>West Alton</u> <u>(Rural)</u>  |   | c. LENGTH OF STAY (in this place)  |  | c. CITY OR TOWN <u>West Alton</u>   |   | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.R.1</u> <u>West Alton Mo.</u>  |   |  |  | e. STREET ADDRESS (If rural, give location) <u>R.R. 1</u> <u>West Alton (Rural)</u>   |   |  |   |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Ernest</u> b. (Middle) <u>J.</u> c. (Last) <u>Paltzer</u>  |   |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>4-18-1953</u> |   |   |  |   |
| 5. SEX <u>Male</u>  | 6. COLOR OR RACE <u>White</u>   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>Never Married</u>                                     | 8. DATE OF BIRTH <u>8-11-1968</u>                      |   | 9. AGE (In years last birthday) <u>84</u> | IF UNDER 1 YEAR Months <u>8</u> Days <u>7</u>  | IF UNDER 24 HRS. Hours <u></u> Min. <u></u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>   |   | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>   |  | 11. BIRTHPLACE (City and State or Foreign Country) <u>West Alton Mo.</u>  |   | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>  |   |
| 13a. FATHER'S NAME <u>John Paltzer</u>  |   | 13b. MOTHER'S MAIDEN NAME <u>Rosina Sleeper</u>  |  | 14. NAME OF HUSBAND OR WIFE <u>None</u>   |   |  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>   | 16. SOCIAL SECURITY NO. <u>None</u>   | 17. INFORMANT'S SIGNATURE OR NAME <u>George Bailey</u>   |  | ADDRESS <u>3920 Oregon St. S</u>  |   |  |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Heart failure</u><br><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>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 <u>4201</u>  |  |  |   |   | 20. AUTOPSY?<br>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) (Min.)  |   | 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. |   |  |  |   |   |  |   |
| 23a. SIGNATURE <u>W. H. ... (Local Registrar)</u>   |   |  |  | 23b. ADDRESS <u>Portage Hill, Mo.</u>   |   | 23c. DATE SIGNED   |   |
| 24a. BURIAL, CREMATION, REMOVAL <u>removed</u>  | 24b. DATE <u>4-23-1953</u>  | 24c. NAME OF CEMETERY OR CREMATORY <u>Ebenezer Cemetery</u>  |  | 24d. LOCATION (City, town, or county) (State) <u>West Alton Mo.</u>   |   |  |   |
| DATE REC'D BY LOCAL REG. <u>April 23 1953</u>   | REGISTRAR'S SIGNATURE <u>W. H. ...</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>WINGBERMUEHLE</u>  | ADDRESS <u>3819 S Grand Blvd St. Louis 18 Mo</u>  |   |  |   |

(Licensed Embalmer's Statement on Reverse Side)

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

300  
48

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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 *Geo. P. Ingraham, Jr.*  
Licensed Embalmer No. *461*  
P. O. Address *St. Louis*

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.