

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9854  
State File No. ~~9854~~  
2781

FILED APR 2 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 2039	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in ship, etc.) 11 1/2	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6939 Arthur Ave.		e. STREET ADDRESS (If rural, give location) 3 6939 Arthur Ave.	

3. NAME OF DECEASED (Type or Print) a. (First) WALTER b. (Middle) W. c. (Last) ALTHAGE			4. DATE OF DEATH (Month) (Day) (Year) March 25, 1954		
5. SEX 0 Male		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH Nov. 5, 1894		9. AGE (in years last birthday) 59		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales Manager	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. 0		12. CITIZEN OF WHAT COUNTRY? U.S.		10b. KIND OF BUSINESS OR INDUSTRY El-Be Wholesl. Groc.	

13a. FATHER'S NAME Wm. F. Althage		13b. MOTHER'S MAIDEN NAME Louise Schlinger		14. NAME OF HUSBAND OR WIFE Martha C. Althage	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes		16. SOCIAL SECURITY NO. WW 1 489-01-6191		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Martha C. Althage, 6939 Arthur	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 7 months	
*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) Coronary Thrombosis			
		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. Arteriosclerosis		Indefinite	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from Aug 7, 1953, to March 25, 1954, that I last saw the deceased alive on March 15, 1954, and that death occurred at 6<sup>00</sup> A.M., from the causes and on the date stated above.

23a. SIGNATURE <i>C. W. Hilco</i>		(Degree or title) 0 M.P.		23b. ADDRESS 3175 Swank St. Louis 9 Mo.	
23c. DATE SIGNED 3-26-54					

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3/27/54		24c. NAME OF CEMETERY OR CREMATORY Lake Charles Cem.	
				24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	

DATE REC'D BY LOCAL REG. MAR 27 1954		REGISTRAR'S SIGNATURE <i>J. Carl Smith MD</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Alexander & Sons, 6175 Delmar Blvd.	
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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 *Joe E. McCulloh*

Licensed Embalmer No. 246

P. O. Address 6175 De

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.