

FILED MAY 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13113

State File No. _____

318

1003

3972

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY _____					
b. CITY OR TOWN <u>ST. LOUIS</u>		c. LENGTH OF STAY (in this place) <u>9 DAYS</u>		c. CITY OR TOWN <u>ST. LOUIS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> <u>39</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ALEXIAN BROS. HOSP.</u>				e. STREET ADDRESS (If rural, give location) <u>23 2107 MENARD 220</u>					
3. NAME OF DECEASED (Type or Print) <u>HERMAN</u>			a. (First)		b. (Middle)		c. (Last) <u>ALFERS</u>		
4. DATE OF DEATH <u>4-29-54</u>		(Month) (Day) (Year)		5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>			
7. MARRIED, NEVER MARRIED, <u>WIDOWED</u>		WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>July 11-1882</u>		9. AGE (In years last birthday) <u>71</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DURLAP CUTTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>ST. LOUIS GORDON MILLS</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS MO</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>			
13a. FATHER'S NAME <u>JOHN ALFERS</u>			13b. MOTHER'S MAIDEN NAME <u>MARIE SCHERPEN</u>			14. NAME OF HUSBAND OR WIFE <u>MINNIE ALFERS</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>490-034866</u>		17. INFORMANT'S SIGNATURE OR NAME <u>HENRY LEBBING</u> ADDRESS <u>4012 CONNECTICUT</u>					
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) <u>Cerebral Hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH <u>8 DAYS</u>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis</u>				?	
				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) <u>331X</u>					
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 <u>APRIL 20, 1953</u> , to <u>APRIL 29, 1954</u> , that I last saw the deceased alive on <u>APRIL 29, 1954</u> , and that death occurred at <u>5:15 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Frank J. Smith</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>3924 GRAND BLVD. ST. LOUIS 18 MO</u>		23c. DATE SIGNED <u>5/1/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5-3-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>S.S. PETER & PAUL GEM.</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>			
DATE REC'D BY LOCAL REG. <u>MAY 3 1954</u>		REGISTRAR'S SIGNATURE <u>Frank J. Smith</u>		25. GENERAL DIRECTOR'S SIGNATURE <u>Wm. H. ...</u> ADDRESS <u>2906 ...</u>					

(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 *Samuel C. Will*.....

Licensed Embalmer No. *43*.....

P. O. Address *2906 E*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.