

FILED DEC 17 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42136**  
Registrar's No. **11079**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
c. LENGTH OF STAY (In this place) <b>74 years</b>		2029	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lutheran Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>2 5821a Goener</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>EDWARD</b> b. (Middle) <b>A.</b> c. (Last) <b>ALTHAGE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 3 1954</b>		
5. SEX <b>Male 0</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Marr ied</b>	8. DATE OF BIRTH <b>May 14, 1880</b>	9. AGE (In years last birthday) Months Days <b>74 yrs.</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Clerk</b>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <b>Famous-Barr Co.</b>	11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>August Althage</b>		13b. MOTHER'S MAIDEN NAME <b>Elise Schroeder</b>		14. NAME OF HUSBAND OR WIFE <b>Clara Breckenkamp Althage</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Clara Althage, 5821a Goener</b>	

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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CEREBRAL THROMBOSIS</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 weeks</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <b>ARTERIOSCLEROSIS</b>		<b>YEARS</b>
	DUE TO (c) <b>DIABETES MELLITUS</b>		<b>YEARS</b>
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)	
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? <b>260x</b>	

22. I hereby certify that I attended the deceased from **JUN 19 1949**, to **DEC 3 1954**, that I last saw the deceased alive on **DEC 3 1954**, and that death occurred at **10:30 Pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>George A. Dawson MD</b>		23b. ADDRESS <b>5203 Cheyenne Ave</b>		23c. DATE SIGNED <b>12/3/54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12-6-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Concordia Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>	

DATE REC'D BY LOCAL REG. <b>DEC 6 1954</b>	REGISTRAR'S SIGNATURE <b>Carl Smith MO</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>BEIDERWIEDEN FUNERAL HOME, INC. 1936 St. Louis Ave.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. George H. Daniels,  
5203 Chipmunk,  
Phone - Flanders 3-5937  
Hours 12-2 Saturday

**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 .....  
Student Embalmer

Signed  \_\_\_\_\_

Licensed Embalmer No. 4520

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 this body is not embalmed, fact should be so stated above.