

FILED JAN 11 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41767**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10767**

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

1. PLACE OF DEATH a. COUNTY b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION Monsanto Chemical Co.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY St. Louis c. CITY OR TOWN Jennings 4020 d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) 11007 Jerries Lane	
3. NAME OF DECEASED (Type or Print) a. (First) WILBUR b. (Middle) LEE c. (Last) ALTMAN		4. DATE OF DEATH (Month) (Day) (Year) Dec. 6, 1955	
5. SEX male		6. COLOR OR RACE white	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Nov. 20, 1924	
9. AGE (In years last birthday) 31 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) chemical engineer		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Ralph Altman		13b. MOTHER'S MAIDEN NAME Maude Gleeson	
14. NAME OF HUSBAND OR WIFE Dorothy Jakubiak Altman		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give year or dates of service) W.W.II	
16. SOCIAL SECURITY NO. W.W.II		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dorothy Altman, 11007 Jerries Lane, Jennings, Missouri	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hydrogen Sulphide poisoning ANTECEDENT CAUSES suffered when deceased was overcome by being exposed to hydrogen sulphide fumes while working in "B" Building of Monsanto Chemical Company about 9:30 am. December 6th 1955. II. OTHER SIGNIFICANT CONDITIONS None Conditions contributing to the death or not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 6th 1955.	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH	
21a. ACCIDENT (Specify) Accident SICKNESS OR DISEASE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Factory	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 6 55 9:30 a.m.	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? ord E89.4.3	
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 1000a.m., from the causes and on the date stated above.			
23a. SIGNATURE James M Kelly		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 12.8.55		24. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Dec. 9, 1955		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Beiderwieden F.H.Inc., 1936 St. Louis Ave.	
DATE REC'D BY LOCAL REG. DEC 8 1955		REGISTRAR'S SIGNATURE J. C. Smith	

CORONER

— 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. *None* working under my personal supervision..

Student *None*
Signature of Student Embalmer

Signed *Julius J. Krupar*

Licensed Embalmer No. *34*

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.