

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037556

STATE FILE NUMBER

10381

FILED NOV 10 1958 Registration District No. 318 Primary Registration District No. 1003 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 (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS MO</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>ST. LOUIS</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. ANTHONY, Hosp.</u>		Length of stay in lb <u>2</u> / <u>19</u>	d. STREET ADDRESS (If outside, give location) <u>6037 DEWEY</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>NICK</u> Middle <u>ALTMAYER</u> Last			4. DATE OF DEATH Month <u>OCT.</u> Day <u>28</u> Year <u>1958</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>FEB. 10 1886</u>	9. AGE (In years, last birthday) <u>72</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED TAILOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>KOHLER-ROMER</u>	11. BIRTHPLACE (City and state or country) <u>AUSTRIA HUNGARY</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>GEORGE ALTMAYER</u>		13b. MOTHER'S MAIDEN NAME <u>MARIANN MASON</u>		14. NAME OF HUSBAND OR WIFE <u>ANNA ALTMAYER</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>490-01-8109</u>	17. INFORMANT Address <u>ANNA ALTMAYER 6037 DEWEY</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Apoplexy</u> DUE TO (b) <u>GENERALIZED Arteriosclerosis</u> DUE TO (c) <u>334x</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Arteriosclerotic heart disease</u>					INTERVAL BETWEEN ONSET AND DEATH <u>25 days</u> <u>5 years</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from Death occurred at <u>3 PM</u> <u>10-3-58</u> to <u>10-28-58</u> and last saw ^{her} him alive on <u>10-28-58</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>AJ Grade M.D.</u>			22b. ADDRESS <u>3606 GRAVOIS</u>		22c. DATE SIGNED <u>10-29-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
<u>REMOVAL</u>	<u>OCT. 31 1958</u>	<u>SUNSET BURIAL PK.</u>		<u>ST. LOUIS CO., MO</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Thomas Lutes 2906 Gravois</u>		25. DATE RECD. BY LOCAL REG. <u>OCT 29 58</u>	26. REGISTRAR'S SIGNATURE <u>J. Carl Smith, M.D.</u>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Do not use symbols which are mistaken for words.

1-4 P.M. Wed.
DR 2-7380

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. Hill*

Licensed Embalmer No. *4347*

P. O. Address *2906 Prairie*

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.