

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

PLACE OF DEATH  
County St Louis  
Township \_\_\_\_\_  
or  
Village \_\_\_\_\_  
or  
City Kirkwood Mo. (NO. 117 E. Jefferson Ave. St. 1 Ward)

Registration District No. 185 File No. 37110  
Primary Registration District No. 3037 Registered No. 195

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME W. W. Alter

**PERSONAL AND STATISTICAL PARTICULARS**

SEX <u>M.</u>	COLOR OR RACE <u>W</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Married</u>
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DATE OF BIRTH Oct 10, 1840  
(Month) (Day) (Year)

AGE 72 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ mln.?

OCCUPATION  
(a) Trade, profession, or particular kind of work Lumberman  
(b) General nature of industry, business, or establishment in which employed (or employer) H-30

BIRTHPLACE  
(City or town, State or foreign country) Penn.

PARENTS	NAME OF FATHER <u>David M. Alter</u>
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Penn.</u>
	MAIDEN NAME OF MOTHER <u>Margaret Ritner</u>
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Penn.</u>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Miss Alice Alter  
(ADDRESS) Kirkwood Mo

Filed 11-26, 1912 C. A. Summavault  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH Nov 25, 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov 19, 1912, to Nov 25, 1912, that I last saw him alive on Nov 25, 1912, and that death occurred, on the date stated above, at 5:30 p.m.

The CAUSE OF DEATH\* was as follows:  
Acute Indigestion

10 (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
Contributory Heart Failure  
(SECONDARY) (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) Chas A Summavault M. D.  
11-26, 1912 (Address) Kirkwood

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  
At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
Where was disease contracted if not at place of death?  
Former or usual residence \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL <u>Oak Hill</u>	DATE OF BURIAL <u>Nov 27</u> , 191 <u>2</u>
UNDERTAKER <u>Louis H Bopp</u>	ADDRESS <u>Kirkwood</u>

# Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health  
Association]

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary Engineer*, etc. But in many cases especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death.**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningos, peritonaemum*, etc., *Carcinoma, Sarcoma*, etc. of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*;

*Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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MISSOURI STATE BOARD OF HEALTH

PLACE OF DEATH  
 County St. Louis  
 Township \_\_\_\_\_  
 or \_\_\_\_\_  
 Village \_\_\_\_\_  
 or \_\_\_\_\_  
 City Kirkwood (NO. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH

Registration District No. 785 File No. 37110  
 Primary Registration District No. 3037 Registered No. 195

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME W. H. Alter

PERSONAL AND STATISTICAL PARTICULARS

SEX m COLOR OR RACE w SINGLE MARRIED WIDOWED OR DIVORCED m  
(Write the word)

DATE OF BIRTH Oct 10, 1840  
(Month) (Day) (Year)

AGE 72 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

OCCUPATION  
 (a) Trade, profession, or particular kind of work Lumberman  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

BIRTHPLACE  
 (City or town, State or foreign country) Pa

PARENTS  
 NAME OF FATHER David W. Alter  
 BIRTHPLACE OF FATHER Pa  
 MAIDEN NAME OF MOTHER Margaret Ritner  
 BIRTHPLACE OF MOTHER Pa

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) Miss Alice Alter

(ADDRESS) Kirkwood Mo  
 Filed 1-9 1922 W. H. Alter  
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 25, 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov 19, 1912, to Nov 25, 1912, that I last saw him alive on Nov 25, 1912, and that death occurred, on the date stated above, at 5:30 a.m.

The CAUSE OF DEATH\* was as follows:  
Acute Indigestion

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory Heart failure  
 (SECONDARY) (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) W. H. Summer M. D.  
11/26 1912 (Address) Kirkwood Mo

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  
 At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Where was disease contracted  
 If not at place of death? \_\_\_\_\_  
 Former or usual residence \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL Oak Hill DATE OF BURIAL Nov 27, 1912

UNDERTAKER Louis H. Bopp ADDRESS Kirkwood

# Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health  
Association]

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death.**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc. of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*;

*Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "*Asihenia*," "*Anaemia*" (merely symptomatic), "*Atrophy*," "*Collapse*," "*Coma*," "*Convulsions*," "*Debility*" ("*Congenital*," "*Senile*," etc.), "*Dropsy*," "*Exhaustion*," "*Heart failure*," "*Haemorrhage*," "*Inanition*," "*Marasmus*," "*Old age*," "*Shock*," "*Uraemia*," "*Weakness*," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "*PUERPERAL septichaemia*," "*PUERPERAL peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Every bit of information should be carefully supplied. AGE shown. USE OF DEATH in plain terms, so that it may be properly classified. Exact status of I.C. is very important.

Supplementary Certificate

PLACE OF DEATH St Louis COUNTY St Louis REGISTRATION DISTRICT NO. 785 FILE NO. 37110

TOWNSHIP \_\_\_\_\_ OR \_\_\_\_\_ VILLAGE \_\_\_\_\_ OR \_\_\_\_\_ CITY Northwood (NO. 117 E. Jefferson Ave. 1 Ward) REGISTRATION DISTRICT NO. 3037 REGISTERED NO. 37110

FULL NAME W. W. Alter (If death occurred in a hospital or institution, give its NAME instead of street and number)

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>M</u>	COLOR OR RACE <u>N</u>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>mar</u> (Write the word)	DATE OF DEATH <u>Nov 25</u> , 191 <u>2</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>Oct 10</u> , 18 <u>40</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <u>Nov 19</u> , 191 <u>2</u> , to <u>Nov 25</u> , 191 <u>2</u> , that I last saw him alive on <u>Nov 25</u> , 191 <u>2</u> , and that death occurred, on the date stated above, at <u>5<sup>30</sup></u> p. m.	
AGE <u>72</u> yrs. <u></u> mos. <u></u> ds.			The CAUSE OF DEATH was as follows: <u>Acute Indigestion</u>	
OCCUPATION (a) Trade, profession, or particular kind of work <u>Lumberman</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Lumber Yard</u>			<u>Unknown - no autopsy</u>	
BIRTHPLACE (City or town, State or foreign country) <u>Penn</u>			Contributory (SECONDARY) <u>Heart failure</u> (Duration) yrs. mos. ds.	
PARENTS	NAME OF FATHER <u>David M. Alter</u>		(Duration) yrs. mos. ds.	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Penn</u>		(Signed) <u>Chas A. Sennarant</u> M. D. <u>11-25</u> , 191 <u>2</u> (Address) <u>Northwood</u>	
	MAIDEN NAME OF MOTHER <u>Margaret Pitner</u>		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Penn</u>		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs. mos. ds. In the State yrs. mos. ds.	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Miss Abci Alter</u>			Where was disease contracted If not at place of death? Former or usual residence.	
(ADDRESS) <u>Northwood</u>			PLACE OF BURIAL OR REMOVAL <u>Oak Hill</u>	
Filed <u>4-18</u> 191 <u>2</u> <u>Chas A. Sennarant</u>			DATE OF BURIAL <u>11-27</u> , 191 <u>2</u>	
REGISTRAR <u>L. B. Bopp</u>			ADDRESS <u>Northwood</u>	

Original file, date 11-26, 1912 All information called for must be written on this Supplementary Certificate.

# Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health  
Association]

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*Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)