

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

Do not use this space.

15817

1. PLACE OF DEATH

County Franklin
 Township St. John Twp.
 City Krakow (No. _____)

Registration District No. 297
 Primary Registration District No. 2974

File No. _____
 Registered No. 27 St. _____ Ward _____

2. FULL NAME Bernhardt Altemueller

(a) Residence, No. Krakow, Mo. St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. / 1 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 1, 1861

7. AGE	YEARS <u>68</u> ⁸	MONTHS <u>8</u>	DAYS <u>17</u>	IF LESS than 1 day, _____ hrs. or _____ min.
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8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Father
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Krakow
(STATE OR COUNTRY) Missouri

PARENTS	10. NAME OF FATHER <u>Martin Altemueller</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	12. MAIDEN NAME OF MOTHER <u>Christine Schneider</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Osnabrueck Germany</u>

14. INFORMANT Mrs. Mary Holtmeyer
(Address) Krakow, Mo.

15. May 19 1930 C. L. Munnich REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 18 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec. 17, 1928 to May 18, 1930, that I last saw him alive on May 15, 1930, and that death occurred, on the date stated above, at 7 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza
9/14
11 B
 (duration) _____ yrs. 1 mos. 10 ds.
 CONTRIBUTORY Angina Pectoris
 (SECONDARY)
 (duration) _____ yrs. 9 mos. 13 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH At place of death
 DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? No
 WHAT BEST CONFIRMED DIAGNOSIS? No
 (Signed) J. D. Murphy, M. D.

(Address) Washington Mo
 *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Catholic Cemetery, Krakow, Mo. DATE OF BURIAL 5/21 1930

20. UNDERTAKER Otto & Co., Washington, Mo. ADDRESS

