

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

Do not use this space.

3455

1. PLACE OF DEATH

County.....

Registration District No. 7011

Township.....

Primary Registration District No. 1008

City St. Louis,

(No. 4057 Labadie av.)

File No.

Registered No. 1 686

St. Ward)

2. FULL NAME Laura B. Alt,

(a) Residence. No. St., 10 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Lester C. Alt,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1905-7-30

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

25

5

15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife 2315

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Augusta,

(STATE OR COUNTRY)

Mo.

10. NAME OF FATHER Louis Schmich

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Union,

(STATE OR COUNTRY)

Mo.

12. MAIDEN NAME OF MOTHER Christina Loewenhard

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Augusta,

(STATE OR COUNTRY)

Mo.

14.

INFORMANT Lester C. Alt,

(Address) 4057 Labadie av.

15.

FILED

JAN 17 1931

Max O. Vandy

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 15th, 1931.

17. I HEREBY CERTIFY, That I attended deceased from Jan. 12, 1931 to Jan. 15th, 1931.

that I last saw her alive on January 15th, 1931, and that death occurred, on the date stated above, at 6:05 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia

CONTRIBUTORY (SECONDARY)

Lo Grippe (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) T. J. Kemp, M. D.

16/131 (Address) 3936 Lindell blvd.

*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

Valhalla,

DATE OF BURIAL

1/17 1931

20. UNDERTAKER

ADDRESS

4122
7. Eads Ct. av.

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.

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