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

Do not use this space.
38550

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. ..... File No. .....

City St. Louis Mo: (No. City Sanitarium St. ..... Ward) Registered No. 10214

2. FULL NAME Tony Altman

(a) Residence, No. 3803 Connecticut St., 16 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 49 yrs. 10 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bertha Altman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 12, 1884

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	49	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Electric Light Co.

10. Date deceased last worked at this occupation (month and year) May 1933

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

FATHER

13. NAME Frank Altman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " Germany

17. INFORMANT (ADDRESS) A. Schmiesing 5400 Arsenal

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Monica DATE Nov. 28th 1933

19. UNDERTAKER (ADDRESS) Wm. J. Robert 1905 S. Grand Blvd

20. FILED NOV 27 1933 J. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1933, to Nov 25, 1933

I last saw h. alive on Nov 25, 1933. Death is said to have occurred on the date stated above, at 4:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Paralysis of Insane (Syphilis)	5/29/33
	+

Other contributory causes of importance:
83
34

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Gerard A. Schmiesing, M. D.
(Address) 5400 Arsenal

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.

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