DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33602

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 1670

1. PLACE OF DEATH: 3

(a) County St. Louis

(b) City or town Rural Gardenville (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 8315 Gravois Ave. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 1804 A. Iowa Ave (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Matilda Altman 435

3. (b) If veteran, name war ****** 3. (c) Social Security No. *****

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Joseph Altman 6. (c) Age of husband or wife if alive years

7. Birth date of deceased October 12 1862 (Month) (Day) (Year)

8. AGE: Years 76 Months 11 Days 6 If less than one day hr. min.

9. Birthplace Illinois (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Fred Ablen
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Louisa Bergman
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Geo Rissert

(b) Address 8315 Gravois Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof September 20 1939 (Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter and Paul

18. (a) Signature of funeral director Peetz Brothers

(b) Address 3029 Lafayette Ave

19. (a) SEP 19 1939 (Date received local registrar) (b) D. R. Meyer M.D. Dr. D.H. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month L8th day September year 1939 hour 11:25 minute A. M.

21. I hereby certify that I attended the deceased from Dec 6-1936, 19, to Sept 16, 1939; that I last saw her alive on Sept 17, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Liver (primary)	1 year
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature H. Louis Schuchat (M. D. or other)

Address 2200 Chouteau ave Date signed 9/19/39

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. Schmidt
22nd. Chouteau

Sr. 5083
1 to 5

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Frank J. Gwins

Licensed Embalmer No. 2245

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.