

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 38369

DEL 13 1939 791

Registration District No.

Primary Registration District No.

Registrar's No.

10208

1. PLACE OF DEATH: 1003  
 (a) County: 2  
 (b) City or town: St. Louis  
 (c) Name of hospital or institution: 5606a Etzel  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution: 55 yrs  
 In this community: 55 yrs  
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME: Nathan Altman 435  
 3. (b) If veteran, name war: no  
 3. (c) Social Security No.: no

4. Sex: male  
 5. Color or race: white  
 6. (a) Single, widowed, married, divorced: married  
 6. (b) Name of husband or wife: Anna Altman  
 6. (c) Age of husband or wife if alive: (unk) years  
 7. Birth date of deceased: (Month) (Day) (Year)

8. AGE: Years: ab 75  
 Months:   
 Days:   
 If less than one day: hr. min.

9. Birthplace: Warsaw Poland  
 (City, town, or county) (State or foreign country)

10. Usual occupation: Tailor retired 7  
 (City, town, or county) (State or foreign country)

11. Industry or business: 7  
 MOTHER FATHER { 12. Name: (UNK) Altman 7  
 13. Birthplace: Poland 7  
 (City, town, or county) (State or foreign country)  
 14. Maiden name: (UNK)  
 15. Birthplace: Poland  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature: A. Altman  
 (b) Address: 6330 S. Rosebury

17. (a) burial (b) Date thereof: 11/30/39  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation: Bnai Amoona

18. (a) Signature of funeral director: H.B. Berger  
 (b) Address: 4715 McPherson

19. (a) NOV 30 1939 (b) J. J. Brudek  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 1  
 (a) State: Missouri (b) County:  
 (c) City or town: St. Louis 5  
 (If outside city or town limits, write "RURAL")  
 (d) Street No.: 5606a Etzel  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.: 57 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: November day: 28  
 year: 1939 hour: 6<sup>2</sup> minute: P M.  
 21. I hereby certify that I attended the deceased from January 7, 1938, to Nov 28, 1939, that I last saw h/hrs. alive on November 28, 1939, and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic nephritis 1 year  
 Due to: Benign Prostatic Hypertrophy  
 Due to:   
 Other conditions:   
 (Include pregnancy within 3 months of death)  
 Major findings: Of operations: Symptomatic Castration - Enlarged Prostate  
 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?

While at work? 1 (Specify type of place) (e) Means of injury  
 23. Signature: Harry Cutler (M. D. or other) M.D.  
 Address: 634 No. Grand Date signed: 11-29-39

**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.....

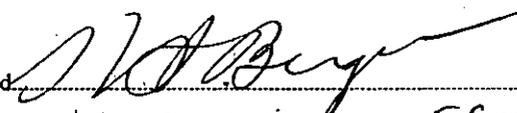
....., Registered Apprentice No.....  
working under my personal supervision.

**Herbert I. Berger**

4715 McPHERSON AVE.

ST. LOUIS, MO.

Signed



Licensed Embalmer No.

1597

P. O. Address.....

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

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