

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 1634

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1976 East Warne 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 49 Years
 years, months or days

3. (a) PRINT FULL NAME Elizabeth C. Alfert

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced W.

6. (b) Name of husband or wife Bernard Alfert 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 3, 1871
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>10</u>	<u>12</u>	hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Bernard Reicks
 { 13. Birthplace Germany
 (City, town, or county) (State or foreign country)
 { 14. Maiden name Unknown Unknown
 (City, town, or county) (State or foreign country)
 { 15. Birthplace Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Minnette Alfert
 (b) Address 1976 East Warne Ave.

17. (a) Burial (b) Date thereof 2-19-1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly
 (b) Address 3840 Lindell Blvd.

19. (a) FEB 17 1940 (b) J. J. Brudick
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1976 East Warne Ave.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 49 Years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 15th.
 year 1940 hour 3 minute 30 a. m.

21. I hereby certify that I attended the deceased from 2-7 to 2-14, 1940
 that I last saw him alive on 2-14, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary edema Duration 200
Cerebral edema 1700
 Due to Arterio Sclerosis 17

Due to By hypertension
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: 88
 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?

While at work _____ (Specify type of place) (e) Means of injury _____
 23. Signature R. M. Blair (M. D. or other) MD
 Address 4356 Warne Date signed 2/15/40

COPYING 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.

1-10351

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 *Stanley Marshall*

Licensed Embalmer No. *2868*

P. O. Address *3840 Lindell*

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.