

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22882

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1244

1. PLACE OF DEATH:

(a) County St. Louis Co.
(b) City or town Vinita Park, Mo.
(If outside city or town limits, write "RURAL" and name of township.)
(c) Name of hospital or institution:
(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 (Specify whether _____)

8. (a) PRINT FULL NAME Minne Althoff 431

3. (b) If veteran, name war No 8. (c) Social Security No. None

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

6. (b) Name of husband or wife Henry R. Althoff 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Aug 29 1870
(Month) (Day) (Year)

8. AGE: Years 69 Months 10 Days 1 If less than one day _____ hr. _____ min.

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

10. Usual occupation housewife

11. Industry or business 9

12. Name Christane Wiese

13. Birthplace Don't Know

14. Maiden name Catherine Combrink

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

16. (a) Informant Henry R. Althoff
(b) Address 8345 Washington St.

17. (a) Burial (b) Date thereof July 3, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cem.

18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave.

19. (a) Jul 2 1940 (Registrar's signature) U.K.
(Date of local registration)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis Co.
(c) City or town Vinita Park
(If outside city or town limits, write "RURAL")
(d) Street No. 8345 Washington St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30
year 1940 hour 1 minute 30 A. M.

21. I hereby certify that I attended the deceased from Jan 10 - 1940
_____ 19 _____ to 6/30 1940
that I last saw her alive on 6-30-40 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 2 days

Due to _____

Due to Ben Arterio Sclerosis 3 years

Other conditions (Include pregnancy within 3 months of death) 94

Major findings: Of operations _____

Of autopsy _____

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 Leo J. Kelly (M. D. or other) _____
Address 8105 Page Blvd Date signed 7/1/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

Dr. Leo Reilly
8105 Page Blvd.
Wt. 1021 5-6 P.M.

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.....

Licensed Embalmer No. 3225

P. O. Address 1125 Ardmore Ct

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.