

Registration District **784**

Primary Registration District No. **106**

Registrar's No. **1415**

6
5
2

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

1. PLACE OF DEATH:

(a) County **St. Louis**

(b) City or town **St. Louis** *Kirkwood* **2**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
118 E. Bodley
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **About 60 Years**
years, months or days)

8. (a) PRINT FULL NAME **Frank P. Altman** **435**

8. (b) If veteran, name war **None**

3. (c) Social Security No. **Nil**

4. Sex **Male**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widower**

6. (b) Name of husband or wife **Kate Altman**

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **August 28, 1868**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
71	11	1	hr. _____ min.

9. Birthplace **Louisiana** **Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Stationary Engineer**

11. Industry or business **7**

12. Name **Peter Altman** **7**

13. Birthplace **Czecko-Slovakia**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Czecko-Slovakia**
(City, town, or county) (State or foreign country)

16. (a) Informant **Frank P. Altman Jr**

(b) Address **4417 Rosa Avenue**

17. (a) Burial **(b) Date thereof** **7/31/40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sunset**

18. (a) Signature of funeral director **Wm C. Moydell**

(b) Address **1926 Allen Avenue**

19. (a) JUL 30 1940 **(b) R. R. Meyer**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**

(c) City or town **Kirkwood**
(If outside city or town limits, write "RURAL")

(d) Street No. **118 E Bodley**
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **7/29-40** day
year **1940** hour **5** minute **30 AM**

21. I hereby certify that I attended the deceased from **5-20**, 19**40** to **7/29**, 19**40**
that I last saw him alive on **7/29**, 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death: **acute cardiac dilatation** **1 day**
Due to **arteriosclerosis** **1930**
in myocarditis **11**

Other conditions: **9/30**

Major findings: **Of operations** **✓**

Of autopsy: **no**

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) Means of injury _____

23. Signature **Wm C. Moydell** **(D. or other)**
Address **Kirkwood Mo** Date signed **7/29**

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 Benj. C. Duman

Licensed Embalmer No. 2272

P. O. Address 1726 Allen

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.