No. 2
-13-40
-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAR 11 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8059

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 319

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Affton, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Enroute to St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County DO
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1611 N. 17th St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Henry Altenbernd
3. (b) If veteran, name war ----
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Mary Altenbernd
6. (c) Age of husband or wife if alive --- years
7. Birth date of deceased August (Month) 9, (Day) 1875 (Year)
8. AGE: Years 65 Months 6 Days 0 If less than one day hr. min.
9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Retired 6 years
11. Industry or business
FATHER 12. Name Charles Altenbernd
13. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
MOTHER 14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Harry Altenbernd
(b) Address 5126 Heege Road
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/12/1941 (Month) (Day) (Year)
(c) Place: burial or cremation New Picker Cemetery
18. (a) Signature of funeral director Wacker-Feldberle
(b) Address 2331 S. Broadway
19. (a) FEB 12 1941 (Date received local registrar) (b) J. R. Meyer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 9 year 1941 hour 1 minute 45p. M.
21. I hereby certify that I attended the deceased from Feb 7, 19.., to Feb 9, 1941; that I last saw him alive on Feb 9, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac failure	acute
Due to Lobar Pneumonia	6-8 hr
Due to	
Other conditions no (Include pregnancy within 3 months of death)	

Major findings:
Of operations no
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) no
(b) Date of occurrence
(c) Where did injury occur? no (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 R. H. Stevens (M. D. or other) D
Address 8200 Gravois Date signed 2-11-41

(Licensed Embalmer's Statement on Reverse Side)

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. Hyland

Licensed Embalmer No.....2645

P. O. Address.....St Louis Mo

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

If this body is not embalmed, fact should be so stated above.