

FILED FEB 11 1942

Registration District No. 78

Primary Registration District No. 220

Registrar's No. 229

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Rural Meramec  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Fox Creek Road  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None  
(Specify whether  
In this community 55 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Fox Creek Road  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Ida Alt

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife Daniel H. Alt 6. (c) Age of husband or wife if alive 57 years  
7. Birth date of deceased Feb. 28, 1886  
(Month) (Day) (Year)

8. AGE: Years 55 Months 11 Days 0  
If less than one day hr. min.

9. Birthplace Franklin County, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own home

12. Name August Halbach

13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Augusta Paulsel

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

16. (a) Informant Dan Alt

(b) Address Pacific, Mo. R#3

17. (a) Burial (b) Date thereof 1/31/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethel Cem. Pond, Mo.

18. (a) Signature of funeral director Schraden Funeral Home  
(b) Address Baffin, Mo.

19. (a) JAN 29 1942 (b) C. H. Mc Larson M.D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 28,  
year 1942 hour 3 minute 02 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_

and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Major findings:  
Of operations \_\_\_\_\_

Of autopsy Cessation of chronic myocarditis

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 fall

23. Signature C. E. Barnett (M. D. or other) \_\_\_\_\_  
Address 275 W. Jefferson, St. Louis Date signed Feb 4 1942

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

*O. H. Davis*  
*W. H. Barnhart*

FEB 12 1942

JUL 2 1942

---

---

**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

*Geo. Schroder*

Licensed Embalmer No.

*3066*

P. O. Address

*Dellwin, Mo*

**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, fact should be so stated above.**