S. No. 2
M—5-42
. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

35133

State File No.

FILED DEC 7 1942 318

Registration District No. 1003 Primary Registration District No.

Registrar's No. 9937

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: Park Lane Hospital 0
(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

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 8829 Ramona Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country /

3. (a) PRINT FULL NAME Josephine Altemeyer

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Henry Altemeyer

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased Jan. (Month) 1st. (Day) 1893 (Year)

8. AGE: Years 49 Months 10 Days 26 If less than one day hr. min.

9. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Frederick Numan
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Josephine Dehn
15. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address 8829 Ramona Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-30-42 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Provost Und. Co.
(b) Address 3710 N. Grand Blvd.

19. (a) NOV 29 1942 (Date received local registrar) (b) J. F. Frederick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 27th. year 1942 hour 6.00 minute A. M.

21. I hereby certify that I attended the deceased from Oct 21 1942 to Nov. 27 1942; that I last saw her alive on Nov. 27 1942; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Gastric Carcinoma	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] M.D.
Address 4930 [illegible] Blvd. Date signed 11-28-42

(Licensed Embalmer's Statement on Reverse Side)

Dr Smith
Park Lane Hospital
1-5

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 Me, Registered Apprentice No. working under my personal supervision.

Signed A. A. Smithers

Licensed Embalmer No. 3916

P. O. Address 3710 N. Grand Blvd

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.