

S. No. 2
OM-5-42
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

1929

FILED MAR 10 1943
Registration District No. 818

Primary Registration District No. 1003

Registrar's No.

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:
En Route to City Hospital #1
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. -----
(c) City or town. St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2908 Park Ave
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Eugene Althaus

3. (b) If veteran, name war. ***** 3. (c) Social Security No. 498-03-3080

4. Sex. Male 5. Color or race. White 6. (a) Single, widowed, married, divorced. Widowe

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

7. Birth date of deceased. September 4 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 5 20 hr. min.

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

10. Usual occupation. Bank Hand

11. Industry or business. Park Mfg. Co. Co.

12. Name. Unknown

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

14. Maiden name. Unknown

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

16. (a) Informant. Catherine Lewis

(b) Address. 5890 Kennerly Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof. Feb 27 1943 (Month) (Day) (Year)

(c) Place: burial or cremation. Memorial Park

18. (a) Signature of funeral director. Petz Brothers

(b) Address. 3029 Lafayette Ave

19. (a) FEB 27 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. 24 day. Feb
year. 1943 hour..... minute. 9:50 M.

21. I hereby certify that I attended the deceased from.....
1-27 1943, to..... 2-23 1943
that I last saw him alive on..... 2-20 1943
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Myocarditis, chronic!

Due to.....
124

Due to.....
Hypertrophied liver, chr

Other conditions. moderate ascites, edema ankles
(Include pregnancy within 3 months of death)

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. J. F. Bredeck (M. D. or other) Med
Address. 1804 So Grand Date signed 2/26/43

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Dr. John D. Owens
1501 S. Main St.
Om. 2430

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 D. Owens*
Licensed Embalmer No. *2245*
P. O. Address *St. Louis 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.