

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 30 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.
Registrar's No. **2745**

Registration District No. Primary Registration District 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:
4508a Athlone Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... (Yes or No)
years, months or days)

2. USUAL RESIDENCE OF DECEASED: **600**
(a) State..... **Mo.** (b) County.....
(c) City or town. **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **4508A Athlone Ave.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... **0**

3. (a) PRINT FULL NAME **Marie Althoefer**
3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased **Sept. 7 1862**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 6 14 hr. min.

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

10. Usual occupation **None**

11. Industry or business.....

MOTHER FATHER
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 **Mrs. Adele Harding**
(b) Address **4508a Athlone Ave.**

17. (a) **Burial** (b) Date thereof **3-25-43**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Valhalla Cem.**

18. (a) Signature of funeral director **Drehmann-Harral**
(b) Address **1905 Union Blvd.**

19. (a) **MAR 22 1943** (b) **J. F. Brueck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar.** day **21**
year **1943** hour **3** minute **30 P.** M.
21. I hereby certify that I attended the deceased from **Feb 17 1943**
to **March 21 1943**
that I last saw h. **21** alive on **Mar 21 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Coronary Thrombosis 1 1/2 weeks

Due to.....
Due to.....
Other conditions (Include pregnancy within 3 months of death).....
Major findings: Of operations.....
Of autopsy.....

Duration

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 **J. F. Brueck** (M. D. or other)
Address **4508a Athlone Ave.** Date signed **3/22/43**

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

