

7. S. No. 2
00M-5-43
ev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32006

State File No. _____

FILED NOV 10 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9120

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Excelsior City Hospital
(If not in hospital or institution, write street number or location) 3

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 40 years
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. 3954 S. Grand
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Elius M. Alch

(b) If veteran, name war no

(c) Social Security No. 494-09-8595

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 26
year 1944 hour 7 minute 30 A 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.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Evelyn Kaufman Alch

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

7. Birth date of deceased Dec. 19, 1877
(Month) (Day) (Year)

Immediate cause of death: Coronary Occlusion
Coronary Sclerosis

Due to: 94

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

Major findings: _____

Of operations _____

Of autopsy _____

8. AGE: Years Months Days If less than one day

66	10	7	hr. min.
----	----	---	----------

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

10. Usual occupation Presser

11. Industry or business Cap Dept.

12. Name Marcus Alch

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

14. Maiden name Rose Saltzman

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

16. (a) Informant Mrs. E.M. Alch

(b) Address 3954 S. Grand

17. (a) Burial (b) Date thereof 10/27/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Beth Ham. Hag.

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 Mc. Pherson

19. (a) OCT 27 1944 (b) J. F. Purcher
(Date received local registrar) (Registrar's signature)

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 James J. [unclear] (M.D. or other) _____

Address 1236 S. [unclear] Date signed 10/27/44

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

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.....


Licensed Embalmer No.....

P. O. Address.....

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.