

#34461
 FILED OCT 23 1944

Registration District No.

Primary Registration District No.

State File No.

Registrar's No.

8866

1. PLACE OF DEATH:

(a) County
 (b) City or town St. Louis, Missouri.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital
 (If not in hospital or institution, write street number or location) 0
 (d) Length of stay: In hospital or institution. 16 days
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL") 17
 (d) Street No. 5651 Rosa Ave
 (If rural, give location) 9
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country.

3. (a) PRINT FULL NAME

Conrad Alt

3. (b) If veteran, name war. No 3. (c) Social Security No. Mo

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 17th
 year 1944 hour 8:00 minute A. M.
 21. I hereby certify that I attended the deceased from 10/1/44
 19 44 to Oct. 17th 19 44
 that I last saw him alive on Oct. 17th 19 44
 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. Widowed
 6. (b) Name of husband or wife. Catherine 6. (c) Age of husband or wife if alive. 16 years
 7. Birth date of deceased. Aug 16 1867
 (Month) (Day) (Year)

Immediate cause of death Empyema

8. AGE: Years 77 Months 21 Days 1 If less than one day hr. min.

Due to Lobar pneumonia 3 weeks

9. Birthplace Germany (City, town, or county) (State or foreign country) 4

Due to 100

10. Usual occupation Custom Shoe Builder

Other conditions Arteriosclerotic ht. disease
 (Include pregnancy within 3 months of death)

11. Industry or business Retired 5 Yrs

PHYSICIAN

12. Name Martin Alt

Major findings: Of operations.

13. Birthplace Germany (City, town, or county) (State or foreign country) 4

Of autopsy same

14. Maiden name Margaret Heil

15. Birthplace Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant Walter M Alt

(b) Address 5651 Rosa Ave

17. (a) Burial (b) Date thereof 10 20 44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St Peter Paul Cem

18. (a) Signature of funeral director Kriegshauser Und Co

(b) Address 4228 So. Kingshighway

19. (a) OCT 19 1944 (Date received local registrar) (b) Medeck (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 2

23. Signature M. D. Long (M) 18/10/44

Address 1515 Lafayette Date signed

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 *Richard W. Stoverson*

Licensed Embalmer No. *4007*

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.