

FILED SEP 22 1945

Registration District No. **377**

Primary Registration District No. **6076**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Johns
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
8910 BRISTOL AVE 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 Madison 96
(c) City or town St Johns
(If outside city or town limits, write "RURAL")
(d) Street No. 8910 BRISTOL AVE 0
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LIZZIE ALTEMEYER

3. (b) If veteran, name war No 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE
6. (b) Name of husband or wife GEORGE F. ALTEMEYER
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased FEBRUARY 3 1880
(Month) (Day) (Year)

8. AGE: Years 65 Months 7 Days 12 If less than one day
hr. _____ min. _____

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

10. Usual occupation AT HOME

11. Industry or business AT HOME

12. Name THELMA MORISSE
13. Birthplace U.S.A. 1
(City, town, or county) (State or foreign country)
14. Maiden name MINNIE BALTZMEYER
15. Birthplace U.S.A. 1
(City, town, or county) (State or foreign country)

16. (a) Informant EDNA BUNGE
(b) Address 8910 BRISTOL AVE

17. (a) BURIAL (b) Date thereof 9-18-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MOUNT LEBANON

18. (c) Signature of funeral director A. Koon R. U. Co

(b) Address 2707 N. Grand Blvd

19. (a) 9-18-45 (b) E. M. Hanan MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 15
year 1945 hour 9 minute 40 A.M.

21. I hereby certify that I attended the deceased from June 11
1945, to Sept 15, 1945,
that I last saw her alive on June 11, 1945,
and that death occurred on the date and hour stated above.

Immediate cause of death

Abscess of liver

Duration

About 4 months

Due to _____

Due to _____

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

Major findings:
Of operations Abscess of liver

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?

While at work? _____
(Specify type of place) (e) Means of injury _____

23. Signature Peter A Eck (M. D. or other) _____
Address 4701 Osburn Date signed 9/16/45

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

6
0
0

MAY 18 1955

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 V E Morris
Licensed Embalmer No. 3360
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.