

STANDARD CERTIFICATE OF DEATH

State File No. **42348**

Registration District No. **377**

Primary Registration District No. **3069**

Registrar's No. **2868**

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Days
(Specify whether years, months or days)

In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0211

(c) City or town St. Louis 17

(d) Street No. 5201 Mardel Ave.
(If outside city or town limits, write "RURAL").
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Anna Althage

3. (b) If veteran, name war.....

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife. George O. 6. (c) Age of husband or wife if alive. 70 years

7. Birth date of deceased. July 2 1881
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Dec. day 17
year 1945 hour 6 minute 05 A.M.

21. I hereby certify that I attended the deceased from 12-12, 1945, to 12-17, 1945,
that I last saw h. ex. alive on 12-17, 1945,
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>5</u>	<u>15</u>	hr. min.

Immediate cause of death.
Acute Subdural Hematoma & cerebral Conussion - traumatic

Duration 12/12/45

9. Birthplace Litchfield Illinois/
(City, town, or county) (State or foreign country)

Due to Hypertensive Heart Disease 12/12/45

Due to 1800

10. Usual occupation Home

Other conditions (Include pregnancy within 3 months of death) 18

11. Industry or business.....

12. Name Peter Stuttle

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)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant George O. Althage

(b) Address 5201 Mardel Ave.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Fell down stairs in home

(b) Date of occurrence 12-12-45 000

17. (a) Burial (b) Date thereof Dec. 20, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

(c) Where did injury occur? 5201 Mardel St. from mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

18. (a) Signature of funeral director Walter Eldon

(b) Address 3534 Gravois Ave.

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

19. (a) 12-19-45 (b) Ed. M. Harroun M.D.
(Date received local registrar) (Registrar's signature)

23. Signature Walter Eldon (M. D. or other) M.D.

Address 607 No. Grand Ave Date signed 12-19-45

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

MAY 23 1945

MAY 25 1945

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.