

S. No. 2  
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5-17-39  
P-1 X2390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **7534**

**FILED FEB 19 1946**  
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **1147**

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: CITY HOSPITAL 1515 Lafayette  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 25 days  
In this community \_\_\_\_\_  
years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 001  
(c) City or town St. Louis 1317  
(If outside city or town limits, write "RURAL")  
(d) Street No. City Infirmary 5800 Arsenal  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ALMS - AUGUST HENRY

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced widowed

(b) Name of husband or wife Matilda Alms 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept 17 1854  
(Month) (Day) (Year)

8. AGE: Years 91 Months 4 Days 16 If less than one day hr. min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Henry Alms

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

14. Maiden name Ernestine

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

16. (a) Informant Miss Flora Alms

(b) Address 5115 1/2 Enright

17. (a) Funeral (b) Date thereof Feb 6 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Laurel Hills Cemetery

18. (a) Signature of funeral director Laurel Hills Cemetery

(b) Address 4024 Lindell Blvd.

19. (a) FEB 4 1946 (b) J. J. Bredbeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEBRUARY day 3<sup>RD</sup>  
year 1946 hour 13 minute 15 A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death Robert pneumonia Duration \_\_\_\_\_

Profound right femur rupture when doctor fell from his bed

Due to the City Infirmary on Jan 8<sup>th</sup> 1946 at about 3:30 a.m.

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 100 30

Major findings: Of operations \_\_\_\_\_

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) Accident

(b) Date of occurrence Jan 8 1946

(c) Where did injury occur? City Infirmary  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
(Specify type of place) (e) Means of injury fall

23. Signature Robert E. Bredbeck (M. D. or other) \_\_\_\_\_

Address St. Louis Date signed 2/6/46

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

6484

**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.....

*John Ketter*

Licensed Embalmer No. *3880*

P. O. Address *St. Louis Mo*

**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.**