

FILED MAY 1946

1003

Registration District No.

Primary Registration District No.

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 Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 yr. lmo. 18ds.
(Specify whether years, months or days)
In this community 57 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 00-1
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 1311
(d) Street No. 5400 Arsenal St.
(If rural, give location) 9
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME

Thomas Frank Alton

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 Sgl.
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 21 1888
(Month) (Day) (Year)

8. AGE: Years 57 Months 8 Days 10 If less than one day
hr. _____ min. _____

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business _____
12. Name Thomas Alton Sr.

13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Susan May
15. Birthplace Renault Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Clara Robinson

(b) Address 5400 Arsenal St.

17. (a) Burial (b) Date thereof May 5 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Thos. Kauter
(b) Address 2500 Gravois

19. (a) MAY 2 1946 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1
year 1946 hour 6.45 minute _____ P _____ M _____

21. I hereby certify that I attended the deceased from June 1st 1941 to May 1 1946
that I last saw him alive on May 1 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Duration _____

Degenerative Heart Disease 6 yrs. x.

Due to Pulmonary Edema 1 day

Due to _____

Other conditions (include pregnancy within 3 months of death) 93

Major findings: Of operations _____

Of autopsy As Above

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? _____

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

23. Signature Howard Hofdaller (M. D. or other) M.D.
Address 5400 Arsenal Date signed 5/1/46

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

17019

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 *Leo J. Budde*.....

Licensed Embalmer No. *3989*.....

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.