

Primary Registration District No. ....

**1. PLACE OF DEATH:**

(a) County.....  
 (b) City or town **St. Louis**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **Mo. Baptist Hospital**  
 (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)

3. (a) PRINT FULL NAME **Vincent M. Altepeter**

3. (b) If veteran, name war..... **No** 3. (c) Social Security No. **493-10-8368**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **Marie Altepeter** 6. (c) Age of husband or wife if alive **40** years  
 7. Birth date of deceased **July 8, 1905**  
 (Month) (Day) (Year)

8. AGE: Years **43** Months **0** Days **3** If less than one day hr. min.

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

10. Usual occupation **Auto Machinist**

MOTHER FATHER

11. Industry or business.....

12. Name **Bernard G. Altepeter**

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

14. Maiden name **Rose Petermeyer**

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

16. (a) Informant **Marie Altepeter**

(b) Address **3248 Coles Ave.**

17. (a) **Burial** (b) Date thereof **July 14/48**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Jos. W. Clark**

(b) Address **1125 Hodiamont Ave.**

19. (a) **JUL 13 1948** (b) **J. F. Brice**  
 (Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Mo.** (b) County **St. Louis**  
 (c) City or town **Overland**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **3248 Coles Ave., 14**  
**W.R.** (If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **July** day **11**  
 year **1948** hour **7.35** minute **P.M.** M.

21. I hereby certify that I attended the deceased from **June 24**, 19**48**, to **July 10**, 19**48**.  
 that I last saw him alive on **July 10**, 19**48**.  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Generalized metastasis of lymphocarcinoma**  
 Due to..... **2 mo.**

Due to..... **50**

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

Major findings:  
 Of operations.....

Of autopsy **yes**

**PHYSICIAN**

Underline the cause of 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 **N. J. Everall** (M. D. or other) **M.D.**  
 Address **6356 Clayton Road** Date signed **7-12-48**

Dr. Norton John Eversohl,  
6356 Clayton Road  
St. 4060. 3-6 P.M.

**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..... *Frank J. Hand*  
..... Licensed Embalmer No. *19675*  
..... 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.