V.S. No. 300
Rev. 10.48

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FILED NOV 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH 6076

35846

State File No. 35846

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. ~~2002~~ Registrar's No. 4166

1. PLACE OF DEATH
a. COUNTY St Louis Mo
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Township Airport
c. LENGTH OF STAY (in this place) 1 YR.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) JEWISH SANATORIUM

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri
b. COUNTY ST. LOUIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) University City
d. STREET ADDRESS (If rural, give location) 716 Syracuse Ave.

3. NAME OF DECEASED (Type or Print) a. (First) ALEX ALEX b. (Middle) ALTMANN c. (Last) ALTMANN

4. DATE OF DEATH (Month) (Day) (Year) 10-16-1949

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Unknown
9. AGE (In years last birthday) Abt. 82 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY Shoe Repair
11. BIRTHPLACE (State or foreign country) Russia
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Unknown
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Sarah Altmann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. unknown
17. INFORMANT'S SIGNATURE OR NAME M. Altmann-716 Syracuse ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) metastatic Carcinoma of the liver — INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) Cancer of sigmoid — 3½ years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 153X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Cancer of sigmoid operated 6.1.46 153X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 3 *19*46*, to* October 16 *19*49*, that I last saw the deceased alive on* October 16*, 19*49*, and that death occurred at* 9:55 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Selig Simon M.D.
23b. ADDRESS Jewish Sanatorium Fee Fee Road, Robertson, Mo.
23c. DATE SIGNED 10/16/49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 10/18/49
24c. NAME OF CEMETERY OR CREMATORY B'Nai Amoona Cem.
24d. LOCATION (City, town, or county) (State) St. Louis, Missouri

DATE REC'D BY LOCAL REG. 10/17/49
REGISTRAR'S SIGNATURE Herbert R. Domke M.W. [illegible]
25. FUNERAL DIRECTOR'S SIGNATURE [illegible] Mo. 5216 Delmar ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 22 1949

DEC 27 1949

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 ..... Student Embalmer No. ..... working under my personal supervision.

Student .....
Student Embalmer

Signed John Ketter

Licensed Embalmer No. 3880

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.