

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2542
0473

FILED JAN 26 1952

318 1003

State File No.
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No.		Registrar's No.							
1. PLACE OF DEATH a. COUNTY DePaul Hospital				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____											
b. CITY OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (In this place) Life		c. CITY OR TOWN St. Louis		2079									
d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hospital, 2415 N. Kingshighway				d. STREET ADDRESS (If rural, give location) 5917 Ferris Avenue											
3. NAME OF DECEASED (Type or Print) Harry			a. (First)			b. (Middle) E.			c. (Last) Althoff						
4. DATE OF DEATH January 15, 1952			a. (Month)			b. (Day)			c. (Year)						
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 8, 1884		9. AGE (In years last birthday) 67 yrs		10. UNDER 1 YEAR Days 10		11. UNDER 24 HRS. Hours 7		12. MIN. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Proof Reader				10b. KIND OF BUSINESS OR INDUSTRY Globe Democrat				11. BIRTHPLACE (State or foreign country) St. Louis, Missouri				12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13a. FATHER'S NAME Ernest Althoff				13b. MOTHER'S MAIDEN NAME Mathilda Breitenberg				14. NAME OF HUSBAND OR WIFE Dorathie							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. _____				17. INFORMANT'S SIGNATURE OR NAME Mrs. Dorathie Althoff - 5917 Ferris Ave.				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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Sclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.										INTERVAL BETWEEN ONSET AND DEATH 48 hr.			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____										20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4201											
22. I hereby certify that I attended the deceased from 5-2, 1950, to 1-15, 1952, that I last saw the deceased alive on 1-15, 1952, and that death occurred at 3:15 p.m., from the causes and on the date stated above.															
23a. SIGNATURE R. Hayden MD. (Degree or title)						23b. ADDRESS 730 Hodiamouth			23c. DATE SIGNED 1-16-52						
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 18, 1952		24c. NAME OF CEMETERY OR CREMATORY New Bethlehem Cemetery				24d. LOCATION (City, town, or county) St. Louis, Mo. (State) _____							
DATE REC'D BY LOCAL REG. JAN 16 1952		REGISTRAR'S SIGNATURE Paul Smith M.D.				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Beiderwieden F. H. Inc. - 1936 St. Louis Ave.									

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

1936 St. Louis Ave

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 Max L. Wapfel

Licensed Embalmer No. 4170

P. O. Address 1936 St. Louis Ave

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.