

FILED MAY 1 - 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

14003

318

1003

Registrar's No. .... 3673

BIRTH NO. ....		REG. DIST. NO. ....		PRIMARY REG. DIST. NO. ....		Registrar's No. ....	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 3 1/2 Wks		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2717	
d. FULL NAME OF HOSPITAL OR INSTITUTION De Paul Hospital				d. STREET ADDRESS (If rural, give location) 20 2212 University St			
3. NAME OF DECEASED (Type or Print) a. (First) John		b. (Middle) Philip		c. (Last) Altmansberger		4. DATE OF DEATH (Month) (Day) (Year) April 17 1952	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 28 1872	
9. AGE (In years last birthday) 80		10. # MONTHS YEAR Days		11. # HOURS IN RES. 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 Berry Wehmiller		11. BIRTHPLACE (City and State or Foreign Country) Okawville Ills		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Christian Altmansberger			13b. MOTHER'S MAIDEN NAME Marie Hohlt			14. NAME OF HUSBAND OR WIFE Sophia Altmansberger	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Sophia Altmansberger 2212 University St			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocarditis</u> DUE TO (c) <u>General arterial sclerosis</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Post-operative Prostatectomy</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2</u> <u>1 1/2</u> <u>?</u> <u>2 1/2</u>	
19a. DATE OF OPERATION <u>4/4/52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Hypertrophy + obstructive Prostate</u>				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) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>6/10X</u>			
22. I hereby certify that I attended the deceased from <u>Mar 25</u> , 1952, to <u>April 17</u> , 1952, that I last saw the deceased alive on <u>April 17</u> , 1952, and that death occurred at <u>10:10 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Carl Altmans M.D.</u>				23b. ADDRESS <u>Luster Bldg</u>		23c. DATE SIGNED <u>4/18/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>April 21 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Friedens Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co Mo</u>	
DATE REC'D BY LOCAL REG. <u>APR 18 1952</u>		REGISTRAR'S SIGNATURE <u>Calvin F Reutz</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Calvin F Reutz 4828 Nat Bridge Blvd</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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 Ralph E. Linder

Licensed Embalmer No. 4225

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.