

FILED JAN 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43402**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11980**

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 MO.**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **ST. LOUIS** 2019

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION **ST ANTHONY'S HOSPITAL**

d. STREET ADDRESS (If rural, give location) **4101 LOUGHBOROUGH** 6

3. NAME OF DECEASED
a. (First) **VIOLA** b. (Middle) _____ c. (Last) **ALTMAN**

4. DATE OF DEATH (Month) (Day) (Year) **12 31 54**

5. SEX **FEMALE**

6. COLOR OR RACE **WHITE**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **9**

8. DATE OF BIRTH **4/13/1895**

9. AGE (In years last birthday) **59** IF UNDER 1 YEAR Months Days IF UNDER 6 HRS. Hour Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY **HOUSEWIFE**

11. BIRTHPLACE (State or foreign country) **ST LOUIS MO** 0

12. CITIZEN OF WHAT COUNTRY? **U S A**

13a. FATHER'S NAME **FRANK HEITMAN**

13b. MOTHER'S MAIDEN NAME **IDA KNUITSEN**

14. NAME OF HUSBAND OR WIFE **FRANK ALTMAN JR.**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **NO**

16. SOCIAL SECURITY NO. **none**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **ST. ANTHONY'S HOSPITAL 3520 CHIPPEWA**

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) **7. I. hemorrhage, B**
ANTECEDENT CAUSES
DUE TO (b) **Carcinoma of liver, metastatic.**
DUE TO (c) **Septic**
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH **3 months.**

19a. DATE OF OPERATION **none.**

19b. MAJOR FINDINGS OF OPERATION **1562**

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE **none.**

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **none.**

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **St. Louis, Missouri**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **none.**

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 **Dec 31, 1954, to Dec 31, 1954**, that I last saw the deceased alive on **Dec 31, 1954**, and that death occurred at **4:40 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **W. M. Komarevsky M. P.**

23b. ADDRESS **6402 Morganford Rd.**

23c. DATE SIGNED **12-31-54.**

24a. BURIAL, CREMATION REMOVAL (Specify) **Removal**

24b. DATE **1/3/55**

24c. NAME OF CEMETERY OR CREMATORY **Sunset Burial Park**

24d. LOCATION (City, town, or county) (State) **Affton Mo.**

DATE REC'D BY LOCAL REG. **JAN 3 1955** REGISTRAR'S SIGNATURE **Carl Smith**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **L Ziegenhein & Sons 7027 Gravois**

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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

C. P. Kidwell

Licensed Embalmer No. *3877*

P. O. Address

7027 Gravois

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.