

FILED APR 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13073

State File No.

318

1003

Registrar's No. 3488

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. 3488	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SAINT LOUIS</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SAINT LOUIS</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4704 Sacramento Ave.</u>				d. STREET ADDRESS (If rural, give location) <u>4704 Sacramento Avenue</u> 20790			
3. NAME OF DECEASED (Type or Print) <u>EMMA</u>		a. (First) _____		b. (Middle) <u>C.</u>		c. (Last) <u>ALTMeyer</u>	
4. DATE OF DEATH (Month) <u>APRIL</u> (Day) <u>18</u> (Year) <u>1955</u>		5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	
8. DATE OF BIRTH <u>Feb. 5, 1880</u>		9. AGE (In years last birthday) <u>75</u>		10. MONTHS <u>7</u> DAYS <u>18</u> HOURS <u>15</u> MIN.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>WASHINGTON, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>JOSEPH INTER</u>		13b. MOTHER'S MAIDEN NAME <u>MINA HOELSCHER</u>		14. NAME OF HUSBAND OR WIFE <u>SAMUEL ALTMeyer</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Earl Altmeyer, 4704 Sacramento Ave. 15</u>			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Metastatic Breast ut</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial Inf.</u>					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
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 _____ 170X			
22. I hereby certify that I attended the deceased from <u>9. 2</u> , 19 <u>53</u> , to <u>April 18, 1955</u> , that I last saw the deceased alive on <u>April 18, 1955</u> , and that death occurred at <u>7:45 Am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. O. Sunderman, M.D.</u>		23b. ADDRESS <u>4943 Nat'l. Bridge Blvd.</u>		23c. DATE SIGNED <u>4/18/55</u>			
24a. BURIAL - CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>April 21, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lake Charles Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>APR 19 1955</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>CALVIN F. FEUTZ, 4828 Nat'l. Bridge Blvd. 15</u>			

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 C. Zindler

Licensed Embalmer No. 4275

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.