

FILED FEB 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7470

State File No.

BIRTH NO. _____ REG. DIST. NO. 312 PRIMARY REG. DIST. NO. 541 Registrar's No. 329

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clayton</u>		c. LENGTH OF STAY (in this place) <u>D O A</u>	c. CITY OR TOWN <u>Overland</u> <u>426 X</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St Louis Co Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS		(If rural, give location) <u>9444 Ridge Ave</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Fred</u> b. (Middle) <u>W</u> c. (Last) <u>Alt</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2</u> <u>3</u> <u>56</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>3-5-16</u>		9. AGE (In years last birthday) <u>39</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mc Donald Air Craft</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St Louis Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>					

13a. FATHER'S NAME <u>Henry Alt</u>		13b. MOTHER'S MAIDEN NAME <u>Agusta Bill</u>		14. NAME OF HUSBAND OR WIFE <u>Luella Alt</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or time of service) <u>WW # 2</u>		16. SOCIAL SECURITY NO. <u>493-09-1522</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Luella Alt 9444 Ridge Ave</u>	

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary arteriosclerosis</u>			
		DUE TO (c) <u>Myocardial Infarction</u>		4 month	
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) <u>4201</u>	
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?	

22. I hereby certify that I attended the deceased from 2-25, 1956, to 2-3, 1956, that I last saw the deceased alive on 9-15, 1955, and that death occurred at 3 a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ernest H. Schager, M.D.</u>		23b. ADDRESS <u>7200 Manchester</u>		23c. DATE SIGNED <u>2-3-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-6-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Hill Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>St Louis Co Mo.</u>	

DATE REC'D BY LOCAL REG. <u>2-3-56</u>		REGISTRAR'S SIGNATURE <u>Herbert B. Donahoe</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jos W Clark Funeral Home Inc 1125 Hadiamont Ave</u>	
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(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.....
Signature of Student Embalmer

Signed *Robert M. Murray*.....

Licensed Embalmer No. *37490*.....

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.