

No. 300
v. 10.4
FILED JAN 7 1957THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44165

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>541</u>		Registrar's No. <u>2908</u>	
1. PLACE OF DEATH a. COUNTY <u>St Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</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>4000 MEHNVILLE 1</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST LOUIS COUNTY HOSP</u>				e. STREET ADDRESS (If rural, give location) <u>NO 12 SCENIC CIRCLE DR</u>			
3. NAME OF DECEASED a. (First) <u>RICHARD</u>			b. (Middle) <u>WILSON</u>		c. (Last) <u>ALTEMILLER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>DEC - 8 - 1956</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>MAR. 30 - 1910</u>		9. AGE (In years last birthday) <u>46</u>	if UNDER 1 YEAR Months <u>8</u> Days <u>9</u>	if UNDER 24 HRS. Hours <u>9</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARPENTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>VETERANS DISTRY CIEFF BRKS</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>SEDALIA MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>ALTEMILLER</u>		13b. MOTHER'S MAIDEN NAME <u>LINKOWY</u>		14. NAME OF HUSBAND OR WIFE <u>GLAYDS ALTEMILLER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES W.W. 1918</u>		16. SOCIAL SECURITY NO. <u>Unk.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MR A.D. DAILY 110 W. ROSE Hill KIRKWOOD Mo</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Unknown natural causes</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <u>Unk</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>7954</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) (Min.)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Herbert R. Domke, M.D., Local Registrar</u>				23b. ADDRESS <u>651 S. Brentwood Blvd.</u>		23c. DATE SIGNED <u>12/17/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>DEC-11-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>NATIONAL CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>CIEFFERSON BRKS Mo</u>		
DATE REC'D BY LOCAL REG. <u>12-10-56</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Domke</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>FEY FUNERAL HOME</u>		ADDRESS <u>MEHNVILLE, Mo</u>	

NOV 21 1921

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 *Gustav W. Duttle*

Licensed Embalmer No. *432*

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.