

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-007964

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 404

1. PLACE OF DEATH  
a. COUNTY St. Louis  
b. CITY (If outside corporate limits, give TOWNSHIP only) Sunset Hills Inside Limits Yes  No   
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Peace Haven Nursing Home Length of stay in 1b 1 day  
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY St. Louis Inside Limits Yes  No   
c. CITY OR TOWN St. Louis Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) 6921 Southland Ave. Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First CORA Middle EMMA Last ALT  
4. DATE OF DEATH Month Feb Day 10 Year 1959

5. SEX Female 6. COLOR OR RACE White 7. MARRIED  NEVER MARRIED  WIDOWED  DIVORCED  8. DATE OF BIRTH Nov. 10, 1886 9. AGE (In years last birthday) 72 IF UNDER 1 YEAR Months 3 Days 0 IF UNDER 24 HRS. Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None 10b. KIND OF BUSINESS OR INDUSTRY None 11. BIRTHPLACE (City and state or country) St. Louis, Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Louis Alt 13b. MOTHER'S MAIDEN NAME Emma Goeckel 14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. 493-42-5121 17. INFORMANT Address Richard C. Alt Jr. 14 Beacon Hill Lane

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Acute blood loss INTERVAL BETWEEN ONSET AND DEATH 5 days  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Gastric hemorrhage 5 days  
DUE TO (c) ? Duodenal ulcer (R.O. neoplasm) 1 + yrs.  
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 541.0 19. WAS AUTOPSY PERFORMED? YES  NO

20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 541.0

20c. TIME OF INJURY Hour 11.55 P.M. Month, Day, Year 2/10/1959

20d. INJURY OCCURRED WHILE AT  NOT WHILE AT WORK  20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home 20f. CITY, TOWN, OR LOCATION St. Louis COUNTY Missouri STATE Missouri

21. I attended the deceased from 10 Feb. 59 to 2/10/1959 and last saw him alive on 2/10/1959  
Death occurred at 11.55 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John J. Hurst, Jr., M.D. (Degree or title) 22b. ADDRESS 109 West Jefferson 22c. DATE SIGNED 2/11/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation 23b. DATE 2/12/59 23c. NAME OF CEMETERY OR CREMATORY Missouri Crematory 23d. LOCATION (City, town, or county) (State) St. Louis Missouri

24. FUNERAL DIRECTOR Ambruster Mortuary ADDRESS 6633 Clayton Rd. 25. DATE RECD. BY LOCAL BCG. 2-11-59 26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 .....  
*[Handwritten Signature]*

Licensed Embalmer No. *4788*.....

P. O. Address *The Laurel*.....

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.