

RECORDED JUN 8 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

18434
Do not use this space.

1. PLACE OF DEATH
(a) County Cole Registration District No. 213
(b) Township Jefferson City Primary Registration District No. 3014 Registered No. 136
(c) City Jefferson City (d) Street No. St. Marys Hosp St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (If How long in U. S. if of foreign birth? yrs. mos. ds.)

2. PRINT FULL NAME Edward William Althoff
(a) Residence, No. [] St. [] (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29-1919
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 19 10 5
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole Co Mo
13. NAME Edward Althoff
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monticou Co Mo
15. MAIDEN NAME Carrie Glenn
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monticou Co Mo
17. INFORMANT (ADDRESS) Edward Althoff
Mrs. Beck mo
18. BURIAL, CREMATION, OR REMOVAL PLACE McAfee DATE 6/6 1939
19. FUNERAL DIRECTOR (NAME AND ADDRESS) William A. Breding
California mo
20. FILED 6/3/1939 Dr. Breding
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3 1939
22. I HEREBY CERTIFY That I attended deceased from June 2 1939 to June 3 1939
I last saw him alive on June 3 1939 Death is said to have occurred on the date stated above, at 7:45 a.m.
The principal cause of death and related causes of importance were as follows:
Typhoid fever
Other contributory causes of importance:
Pneumonia
Date of onset May 1/1939
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) [Signature] M. D.
(Address) [Address]

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *H. E. Freckmeyer*
Licensed Embalmer No. *2854*
P. O. Address *California me*

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, above space should be left blank.