

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

PLACE OF DEATH

County _____
Township _____ or Village _____ or City St Louis Mo (NO. 3916^e Arsenal St St. 13 Ward)
Registration District No. 7911 File No. 3260
Primary Registration District No. 1003 Registered No. 533

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Henry C. Albers

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>Widowed</u> <small>(Write the word)</small>
DATE OF BIRTH <u>Dec 30 1857</u> <small>(Month) (Day) (Year)</small>		
AGE <u>55</u> yrs. — <u>15</u> mos. — <u>15</u> ds.		IF LESS than 1 day, ___ hrs. or ___ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>Salesman</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Glass Sign</u>		
BIRTHPLACE (City or town, State or foreign country) <u>St Louis Mo</u>		
PARENTS	NAME OF FATHER <u>George H. Albers</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Hanover Germany</u>	
	MAIDEN NAME OF MOTHER <u>Katherine Dammernan</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Hanover Germany</u>	

3 MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 14 1913
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan 7 1913, to Jan 14 1913, that I last saw him alive on Jan 14 1913, and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:
124 B carcinoma of Liver
131 Mitral Insufficiency
101.2 Per nephritis

(Duration) ___ yrs. ___ mos. ___ ds.

Contributory (SECONDARY) My
(Duration) ___ yrs. ___ mos. ___ ds.

(Signed) Joseph D. Riley M. D.
Jan 14 1913 (Address) 4641 Washington St

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Katherine Albers
(ADDRESS) 3916^e Arsenal St

PLACE OF BURIAL OR REMOVAL Mo Crematory
DATE OF BURIAL Jan 16 1913
UNDERTAKER Frank Heltge
ADDRESS 907 Chouteau Ave

Filed JAN 16 1913 Max Harkloff
REGISTRAR

States Standard Certificate
of Death[Consensus and American Public Health
Association]

ation.—Precise statement of occu-
pation, so that the relative health-
risks can be known. The ques-
tion of every person, irrespective of
sex, should be stated in a single word or term on
the certificate, e. g., *Farmer* or *Planter*,
Architect, *Locomotive engineer*,
Factory fireman, etc. But in many
occupational employments, it is neces-
sary to state (a) the kind of work and also (b) the
industry, and therefore an additional statement
is needed for the latter statement; it
is then needed. As examples: (a) *Mill*;
(a) *Salesman*, (b) *Grocery*; (a) *Automobile factory*. The material
part of the second statement.
Foreman, "Foreman," "Manager,"
or more precise specification, as
Miner, *Laborer—Coal mine*, etc.
Persons engaged in the duties of the
paid Housekeepers who receive a
salary should be entered as *Housewife*, *House-*
children, not gainfully employed,
etc. Care should be taken to re-
port occupations of persons engaged in
domestic services, as *Servant*, *Cook*, *House-*
keeper if occupation has been changed or given

IF DISEASE CAUSING DEATH, state oc-
cupation during illness. If retired from busi-
ness, occupation should be indicated thus: *Farmer* (re-
tired). For persons who have no occupation
state "None."

Cause of death.—Name, first, the
primary affection with re-
causation, using always the same
name for the same disease. Examples: *Cere-*
bral meningitis (only definite synonym is "Epidemic
meningitis"); *Diphtheria* (avoid use of
throat); *typhoid fever* (never report "Typhoid
fever"); *pneumonia*; *Bronchopneumonia*
(avoid use of "lobar", is indefinite); *Tuberculosis*
peritonaeum, etc., *Carcinoma*, *Sar-*

coma, etc., of (name origin; "Cancer" is
less definite; avoid use of "Tumor" for malignant
neoplasms); *Measles*; *Whooping cough*; *Chronic valvular*
heart disease; *Chronic interstitial nephritis*, etc. The
contributory (secondary or intercurrent) affection need
not be stated unless important. Example: *Measles* (dis-
ease causing death), *29 ds.*; *Bronchopneumonia* (sec-
ondary), *10 ds.* Never report mere symptoms or ter-
minal conditions, such as "Asthenia," "Anaemia"
(merely symptomatic), "Atrophy," "Collapse," "Coma,"
"Convulsions," "Debility" ("Congenital," "Senile," etc.),
"Dropsy," "Exhaustion," "Heart failure," "Haemor-
rhage," "Inanition," "Marasmus," "Old age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease
can be ascertained as the cause. Always qualify all
diseases resulting from childbirth or miscarriage, as
"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc.
State cause for which surgical operation was under-
taken. For VIOLENT DEATHS state MEANS OF INJURY and
qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as
probably such, if impossible to determine definitely.
Examples: *Accidental drowning*; *Struck by railway*
train—accident; *Revolver wound of head—homicide*;
Poisoned by carbolic acid—probably suicide. The na-
ture of the injury, as fracture of skull, and conse-
quences (e. g., *sepsis*, *tetanus*) may be stated under the
head of "Contributory." (Recommendations on state-
ment of cause of death approved by Committee on
Nomenclature of the American Medical Association.)

