

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

Do not use this space.
6736

1. PLACE OF DEATH

County.....
Township.....
City St. Louis (No. 5102^a Latus Ave)

Registration District No. 791
Primary Registration District No. 1003

File No. 4688
Registered No.
St. Ward)

2. FULL NAME

Albert Willibalt

(a) Residence. No. 5102^a Latus Ave St. 6 Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dorothy T. Willibalt

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Don't know
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
about 87 - - - -

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Weaver (Silk)
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY) Germany

10. NAME OF FATHER Don't know

11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... (STATE OR COUNTRY) Germany

14. INFORMANT Mrs. Amelia Gust (Address) 5102^a Latus Ave

15. FILED SEP 15 1928 Max Starbzy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 14 1928

17. I HEREBY CERTIFY, That I attended deceased from February 8, 1928, to February 12, 1928, that I last saw him alive on February 13, 1928, and that death occurred, on the date stated above, at 7:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchial Pneumonia
11A
107A (duration) yrs. mos. ds. 6

CONTRIBUTORY (SECONDARY) Leo Gibbs (duration) yrs. mos. ds. 2

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH?..... DATE OF.....
WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) John A. Katz, M. D.
2/14/28 (Address) 2323 76. Union Blvd.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Valhalla Cemetery DATE OF BURIAL 2-16 1928

20. UNDERTAKER Geo. L. Pleitsch ADDRESS 5866 Eastern

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

K. 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.

DN Holz

2323 No Union

9 to 11

7 to 8