

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

Do not use this space.

7121

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis (No. Lutheran Hospital)

File No.

Registered No. 2093

St. Ward)

2. FULL NAME

Anna Albach

(a) Residence. No. 1923 Menard St., 23 Ward.

(Usual place of abode)

(If nonresident give city or town and State)

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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph Albach

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 29th 1870

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>57</u>	<u>9</u>	<u>25</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At home

(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) Hungary

10. NAME OF FATHER

Anton Oswald

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Hungary

12. MAIDEN NAME OF MOTHER

Anna Gieseckner

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Hungary

14.

INFORMANT John Allen
(Address) 1923 Menard Str

15. **FEB 26 1928**

FILED Anna B. Starkeoff

REGISTERED

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 23 - 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb 12, 1928, to Feb 23, 1928 that I last saw her alive on Feb 23, 1928, and that death occurred, on the date stated above, at 11:10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia
108

CONTRIBUTORY (SECONDARY)

1010

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? No DATE OF.....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) G. F. Lewis, M. D.

(Address) 400 City Club Bldg

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

DATE OF BURIAL

S.P. Peter & Paul

2-27-1928

20. UNDERTAKER

ADDRESS

Witt Bros L & Co 2929 S Jefferson

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.

RECORD WITH IMPENDING INK—THIS IS A PERMANENT RECORD

