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

Do not use this space.

22540

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 22540

Township ..... Primary Registration District No. [illegible] Registered No. 6758

City St Louis Mo. (No. 3193 Portis Ave. St. ..... Ward)

2. FULL NAME Katherine Albers

(a) Residence. No. 3193 Portis Ave. St., 16 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: 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: August Albers.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 22 - 1846

7. AGE: Years 82 | Months 1 | Days 4 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housework.
(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.

PARENTS

10. NAME OF FATHER: Wm Will
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany.
12. MAIDEN NAME OF MOTHER: Dont know.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany.

14. INFORMANT: August Albers.
(Address) 3193 Portis Ave.

15. FILED N 28 1923 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 26 1928

17. I HEREBY CERTIFY, That I attended deceased from June 23, 1928, to June 26, 1928, that I last saw her alive on ....., 19....., and that death occurred, on the date stated above, at 3:15 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Paralytic Ileus

1226 | 1208 | 18 B2

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY): Acute Enteritis

(duration) yrs. mos. 3 ds.

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

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

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Examination

6/27, 1928 (Signed) Alvin E Tinek, M. D.
(Address) 3014 Jefferson

*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: Old St Marcus. DATE OF BURIAL: June 29 1928

20. UNDERTAKER: Hy Leidner Und Co. ADDRESS 1417 N. Market St.

3016