

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

*Parmer*  
 22969  
 File No. ....  
 Registered No. *17* ...  
 St. .... Ward)

## 1. PLACE OF DEATH

County *Jackson*Registration District No. *72*Township *Wilson*Primary Registration District No. *541-5037*City *St. Louis* (No. ....)

## 2. FULL NAME

(a) Residence No. .... St. .... 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

*Male*

## 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

## 6. DATE OF BIRTH (MONTH, DAY AND YEAR)

*Sept 20th 1889*

## 7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

*38**10**2*

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Farmer*

(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)

*St. Louis, Mo.*

## 10. NAME OF FATHER

*William Albus*

## 11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

*Germany*

## 12. MAIDEN NAME OF MOTHER

*Margaret Rosenger*

## 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

*Germany*

## 14. INFORMANT

(Address)

*W. O. Albus*  
*Centralia, Mo.*

## 15. FILE

No. ....

*731* *28* *J. F. Hickerson*  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

## 16. DATE OF DEATH (MONTH, DAY AND YEAR)

*July 31st 1928*

## 17.

I HEREBY CERTIFY That I attended deceased from *June 24th 1928* to *July 31st 1928* and I last saw him alive on *July 30th 1928*, and that death occurred, on the date stated above, at *7:00 A.M.*

## THE CAUSE OF DEATH WAS AS FOLLOWS:

*Endocarditis*

## CONTRIBUTORY (SECONDARY)

(duration) *1* yrs. *6* mos. *ds.*

## 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) *J. F. Hickerson*, M. D.- 1928 (Address) *Centralia Mo*

\*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

*Catholic Cem Nixa Mo* *Aug 2 1928*

## 20. UNDERTAKER

## ADDRESS

*M. McDonald* *Centralia Mo*

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.

