

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

Do not use this space.

30260

1. PLACE OF DEATH

County Cape Girardeau
Township 11
City St. Louis

Registration District No. 125
Primary Registration District No. 3009

File No. _____
Registered No. 192
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 508 Zenobia 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)

Mar. 22 - 1868

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

61

5

19

8. OCCUPATION OF DECEASED

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

Merchant

(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)

Cape Girardeau Mo.

10. NAME OF FATHER

Sebastian Albert

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

France

12. MAIDEN NAME OF MOTHER

Rosa L. Miles

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Cape Girardeau

14. INFORMANT

(Address)

Lee B. Albert
Cape Girardeau Mo.

15. FILED

9/12, 1929

W. Kauffman

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Sept 10 1929

17.

I HEREBY CERTIFY, That I attended deceased from Mich 17/24

that I last saw him alive on Sept 8, 1929, and that death occurred, on the date stated above, at about 8:45 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Endo-myocarditis
Q3C

CONTRIBUTORY (SECONDARY)

Physical over exertion

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) Paul A. Brimmer M. D.

, 19 (Address) Cape Girardeau

*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

Lorimer Cem.

Sept 12, 1929

20. UNDERTAKER

ADDRESS

Walther Und. Co. Cape Gir. 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.

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