

OCT 28 1930

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

Do not use this space.

1. PLACE OF DEATHCounty Buchanan.Registration District No. 85

Township _____

Primary Registration District No. 1001City St. Joseph(No. St. Joseph Hospital)File No. 29144Registered No. 994

St. _____ Ward)

2. FULL NAME Brother Francis J. Albachten(a) Residence, No. 28th and Union Streets St. _____ Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 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)**Single**5A. IF MARRIED, WIDOWED, OR DIVORCED**HUSBAND OF
(OR) WIFE OFSingle**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** April 17, 1901**7. AGE**

YEARS

29

MONTHS

4

DAYS

17If LESS than 1
day, _____ hrs.
or _____ min.**8. OCCUPATION OF DECEASED**(a) Trade, profession, or particular kind of work. Teacher-Science & Math.(b) General nature of industry, business, or establishment in which employed (or employer). Christian Brothers(c) Name of employer College St. Joseph Mo.**9. BIRTHPLACE (CITY OR TOWN)** Duluth

(STATE OR COUNTRY)

Minn.**10. NAME OF FATHER**Adolph Albachten**11. BIRTHPLACE OF FATHER (CITY OR TOWN)** Shakopee

(STATE OR COUNTRY)

Minn.**12. MAIDEN NAME OF MOTHER**Georgine Cadieux**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)** Montreal

(STATE OR COUNTRY)

Canada**14.**INFORMANT Bro. HillarityAddress Christian Bro. - St. Joseph Mo.**15.**FILED 5

1930

REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH**16. DATE OF DEATH (MONTH, DAY AND YEAR)** September 3 4 19 30

17. Aug 29 HEREBY CERTIFY, That I attended deceased from Aug 29 to Sept 3, 1930
that I last saw h. 11 m. alive on Sept 3, 1930, and that
death occurred, on the date stated above, at 6/25 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General Peritonitis
121A
129

CONTRIBUTORY (SECONDARY)

Acute Gang. - Ruptured (duration) yrs. mos. 7 ds.
Append. (duration) yrs. mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED

11700 26th Union St.
IF NOT AT PLACE OF DEATH

11700 26th Union St. DID AN OPERATION PRECEDE DEATH? yes DATE OF Aug 29 -

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS(Signed) Frank J. Washburn M.D.**Sept. 4 19 30** (Address) Turnpike 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 REMOVALGlenco Missouri.**DATE OF BURIAL**Sept. 6 19 30**20. UNDERTAKER**

H. C. Sidenfaden ADDRESS 1802 Union St.

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.

