

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

Do not use this space.

22514

1. PLACE OF DEATH
 92 County St Charles Registration District No. 257
 4 Township St Charles Mo. Primary Registration District No. 2036
 5 City St Charles Mo. (No.) St. Ward

2. FULL NAME Archim W. P. Albers

(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 Josephine Albers

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 23 1905

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
26 4 9

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Farmer 1
 (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) Marysville 24

PARENTS
 10. NAME OF FATHER Hy Albers
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany
 12. MAIDEN NAME OF MOTHER Lena Peters
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ill

14. INFORMANT Josephine Albers
 (Address) St Charles Co Mo.

15. FILED 6-1, 1931 Hy G. Bloebaum
 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 1st 1931

17. I HEREBY CERTIFY, That I attended deceased from May 20th, 1931 to June 1st, 1931, that I last saw him alive on June 1st, 1931, and that death occurred, on the date stated above, at 2 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Myocarditis
130
122B (duration) yrs. 4 mos. ds.

CONTRIBUTORY (SECONDARY) 130 (duration) yrs. 6 days.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.

0 DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Quinine Sulfonamide
 (Signed) B. F. Webster, M. D.

6-1, 1931 (Address) St. Charles 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 Black Jack DATE OF BURIAL June 7 1931

20. UNDERTAKER Theo H. Bindenwood ADDRESS 936 N. Louis St.

JUN 29 1931

