

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

Do not use this space.

23937
64

1. PLACE OF DEATH

County St. Louis

Registration District No. 821

Township Richland

Primary Registration District No. 6070

City St. Louis (No. _____)

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME

Charles Byron Albright

(a) Residence. No. 503 Murray Lane St. 3rd 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)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

May 11 - 1920

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, _____ hrs.

or _____ min.

1

0

22

8. OCCUPATION OF DECEASED

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

None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Morehouse

(STATE OR COUNTRY)

Mo

10. NAME OF FATHER

Charles Albright

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

St. Louis

(STATE OR COUNTRY)

Mo

12. MAIDEN NAME OF MOTHER

Wanda Jones

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

St. Louis

(STATE OR COUNTRY)

Mo

14.

INFORMANT

(Address)

Mr. P. H. Stevenson

St. Louis Mo

15.

FILED

DATE

7/7/31

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 5 1931

17. I HEREBY CERTIFY, That I attended deceased from May 21

1931, to June 3 1931

that I last saw him alive on June 3 1931, and that

death occurred, on the date stated above, at 3:50 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia

CONTRIBUTOR (SECONDARY)

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) W. H. Ormull, M. D.

June 4, 1931 (Address) St. Louis 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

St. Louis City Cemetery

6-4 1931

St. Louis Mo

20. UNDERTAKER

ADDRESS

John Albright

St. Louis Mo

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.

1943

1944

1945

1946