

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.

WRITE TO KEY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

JAN 24 1932

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

Do not use this space.

40301

File No.
Registered No. 94
St. Ward)

1. PLACE OF DEATH
50 County Jefferson Registration District No. 420
2 Township 2nd Primary Registration District No. 3022
7 City St. Louis (No. St. Ward)

2. FULL NAME John Albris
(a) Residence No. 819 North 4th 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 M 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) Apr 22 - 1859
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
73 1 1 1 1
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year) Jefferson Mo
11. Total time (years) spent in this occupation 1
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson Mo
13. NAME Peter Albris
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
15. MAIDEN NAME Not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
17. INFORMANT (ADDRESS) Herman Johnson
18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Louis Mo DATE 12/26/32
19. UNDERTAKER (ADDRESS) Richardson & Mothman
20. FILED 1932 St. Louis Mo

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 23, 1932
22. I HEREBY CERTIFY, That I attended deceased from no attending physician, 19...
I last saw him, alive on 12/23/32, 19... Death is said to have occurred on the date stated above, at 9 P. M.
The principal cause of death and related causes of importance were as follows:
Arterio Sclerosis Date of onset 1930
issued a statement of Relatives & Neighbors
Other contributory causes of importance:
None visible, Natural causes
no physician
Name of operation: _____ Date of: _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19...
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) Dr. Ruggley L.P. M.D.
(Address) St. Louis Mo

