

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

Do not use this space.

42281

1. PLACE OF DEATH

County Registration District No. **791**
 Township Primary Registration District No. **303**
 City St. Louis, (No. St. Anthony Hospital), St. Ward)

File No.
 Registered No. **11411**

2. FULL NAME

Infant Albers.
 (a) Residence, No. 3647 Bingham Avenue, St. 15 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 <u>Female.</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single.</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 21, 1932.</u>		
7. AGE	YEARS	MONTHS
		DAYS
		IF LESS than 1 day, hrs. or <u>20</u> min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None.</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	10. Date deceased last worked at this occupation (month and year)
	11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo.
 (STATE OR COUNTRY)

13. NAME Frank H. Albers.

14. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo.
 (STATE OR COUNTRY)

15. MAIDEN NAME Carrie Piel.

16. BIRTHPLACE (CITY OR TOWN) St. Louis, MO.
 (STATE OR COUNTRY)

17. INFORMANT Frank H. Albers
 (ADDRESS) 3647 Bingham Ave.

18. BURIAL, CREMATION, OR REMOVAL
SS. Peter & Paul Cem. DATE Dec. 23, 1932.

19. UNDERTAKER J. A. Gebken Ltd. Co.
 (ADDRESS) 2842 Laramie St.

20. FILED DEC 23 1932
Max E. J. ...
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/22/32. 19 .. 19 ..
 22. I HEREBY CERTIFY, That I attended deceased from 12/21/32. 19 .. to 12/22/32. 19 ..
 I last saw her alive on 12/22/32. 19 .. Death is said to have occurred on the date stated above, at 2:00 A.M.
 The principal cause of death and related causes of importance were as follows:

Prematurity (6 1/2 months) Date of onset
159
161A 159
 Other contributory causes of importance:
Atelectasis of lungs.

Name of operation None. Date of ..
 What test confirmed diagnosis? Clinical findings. Was there an autopsy? No.

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 Dr. B. W. Klippel. M. D.
 (Signed) Dr. B. W. Klippel.
 (Address) 3772A South Broadway.

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.

