

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.

APR 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City St. Louis, Mo. (No. 4871 Anderson Ave.) St. Ward)

File No. 14190
Registered No. 3332
St. Ward)

2. FULL NAME Elizabeth Alber

(a) Residence, No. 1322 St. Louis Ave. St. 76 Ward. (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>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 19 - 1859</u>				
7. AGE	YEARS <u>74</u>	MONTHS <u>11</u>	DAYS <u>12</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</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) (STATE OR COUNTRY) St. Louis, Mo.

FATHER 13. NAME Hy. Schaberg

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Not known

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Charles Alber (ADDRESS) 1322 St. Louis Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters DATE April 7 1934

19. UNDERTAKER Hy. Leidner M.D. Co. (ADDRESS) 1417 N. Market St.

20. FILED 3 1934 19. J. Brebeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 1st 1934

22. 4/2 HEREBY CERTIFY, That I attended deceased from 1933 to 4/1, 1934
I last saw her alive on 4/1, 1934 Death is said to have occurred on the date stated above, at 9¹⁵ A.m.
The principal cause of death and related causes of importance were as follows:

apoplexy (Cerebral) (thrombosis) Date of onset 24 hrs
8291
Other contributory causes of importance: (at present unknown)

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? no
If so, specify
(Signed) [Signature] M. D.
(Address) 8321 St. A. St.
(No. 4. Chopin)

1850