JUN 19 1934

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

Do not use this space.

File No. 15210

Registered No. 4430

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1078

City St Louis (No. Deaconess Hospital St. ..... Ward)

2. FULL NAME Frank M. Albertson

(a) Residence, No. 3220 Natural Bridge Ward. 10

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 3rd 1874

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
59	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer Stationary

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) Ills.

FATHER

13. NAME William Albertson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ills.

MOTHER

15. MAIDEN NAME Rose Schwartz

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ills.

17. INFORMANT Pauline Albertson (ADDRESS) 3220 Natural Bridge

18. BURIAL, CREMATION, OR REMOVAL

PLACE Lacalvary DATE May 3rd 1934

19. UNDERTAKER Arthur J. Donnelly & Co (ADDRESS) 3840 Finney Ave

20. FILED MAY -1 1934 19 J. A. Bredeick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 29 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr 11, 1934, to Apr 29, 1934

I last saw h. ~~im~~ alive on Apr 29, 1934. Death is said to have occurred on the date stated above, at 7:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adeno carcinoma of rectum	2 yrs.

Other contributory causes of importance:

Bronchial Pneumonia - terminal	3 days

Name of operation Colostomy Date of Apr 18-34

What test confirmed diagnosis? Laboratory 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

(Signed) Albert J. Motzel, M. D.

(Address) 2743 No Grand Bl.

N.B.—Everyone who knows of any death should be carefully supplied. Information should be called for in the order here given.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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