

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.

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

Dr. V. A. Schneider

33889

OCT 17 1934

1. PLACE OF DEATH

County St. CharlesRegistration District No. 757

Township

Primary Registration District No. 3036

City

St. Charles(No. 215)W. 9th

File No.

Registered No. 169

St.

Ward)

2. FULL NAME

Bernadine Albers(a) Residence, No. 215 W. 9th

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

Female

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)

Aug 12th 1902

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

32116

OCCUPATION

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

Lineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Shoe Factory

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

13. NAME

Fred Albers

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

St. Charles Mo

15. MAIDEN NAME

Anna Klein

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

Germany

17. INFORMANT (ADDRESS)

Fred Albers 215 W. 9th St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Charles Cemetery DATE Oct 2 1934

19. UNDERTAKER (ADDRESS)

W. D. Allen & Sons Co. 300 W. Second St.

20. FILED

10/1341934Oct 171934St. CharlesMo.Regist.1934Oct 171934St. CharlesMo.Regist.1934Oct 171934St. CharlesMo.Regist.1934Oct 171934St. CharlesMo.Regist.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 28th 1934

22. I HEREBY CERTIFY, That I attended deceased from

Aug 1 1934, to Sept 28 1934I last saw her alive on Sept 28 1934. Death is saidto have occurred on the date stated above, at 3:55 P.M.

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

Acute lymphatic Leukemia

Date of onset

Aug 13193412 a

Other contributory causes of importance:

12 a

