

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

Do not use this space.

MAR 20 1935

4413

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township St. Joseph, Mo.

Primary Registration District No. 100

City St. Joseph, Mo.

(No. St. Joseph's Hospital)

File No. 180

Registered No. 180

St. Ward

2. FULL NAME John Frederick Albert

(a) Residence, No. 2606 Olive St.

St. Ward

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 23 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

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) Sept. 14, 1911

7. AGE

YEARS

MONTHS

DAYS

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

23

4

24

OCCUPATION

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

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

Bartlett-Frazier Grain-Co.

10. Date deceased last worked at this occupation (month and year) Jan. 1935

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (CITY OR TOWN) St. Joseph, Missouri

13. NAME John Albert

14. BIRTHPLACE (CITY OR TOWN) Bavaria, Germany.

15. MAIDEN NAME Carrie Sauer

16. BIRTHPLACE (CITY OR TOWN) Baden, Germany.

17. INFORMANT John Albert
(ADDRESS) 2606 Olive St. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cemetery
PLACE St. Joseph, Mo. DATE Feb. 11, 1935

19. UNDERTAKER H. O. Sidenfaden
(ADDRESS) St. Joseph, Missouri

20. FILED 2-9-35
John R. Bender
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-16-35, 1935, to 2-8-35, 1935.

I last saw him alive on 2-8-35, 1935. Death is said

to have occurred on the date stated above, at 5:30 A. M.

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

Pneumonia (Streptococci)?

Date of onset

Other contributory causes of importance:

Lung abscess

Name of operation None Date of Up

What test confirmed diagnosis? None Was there an autopsy? Up

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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 None

Nature of injury

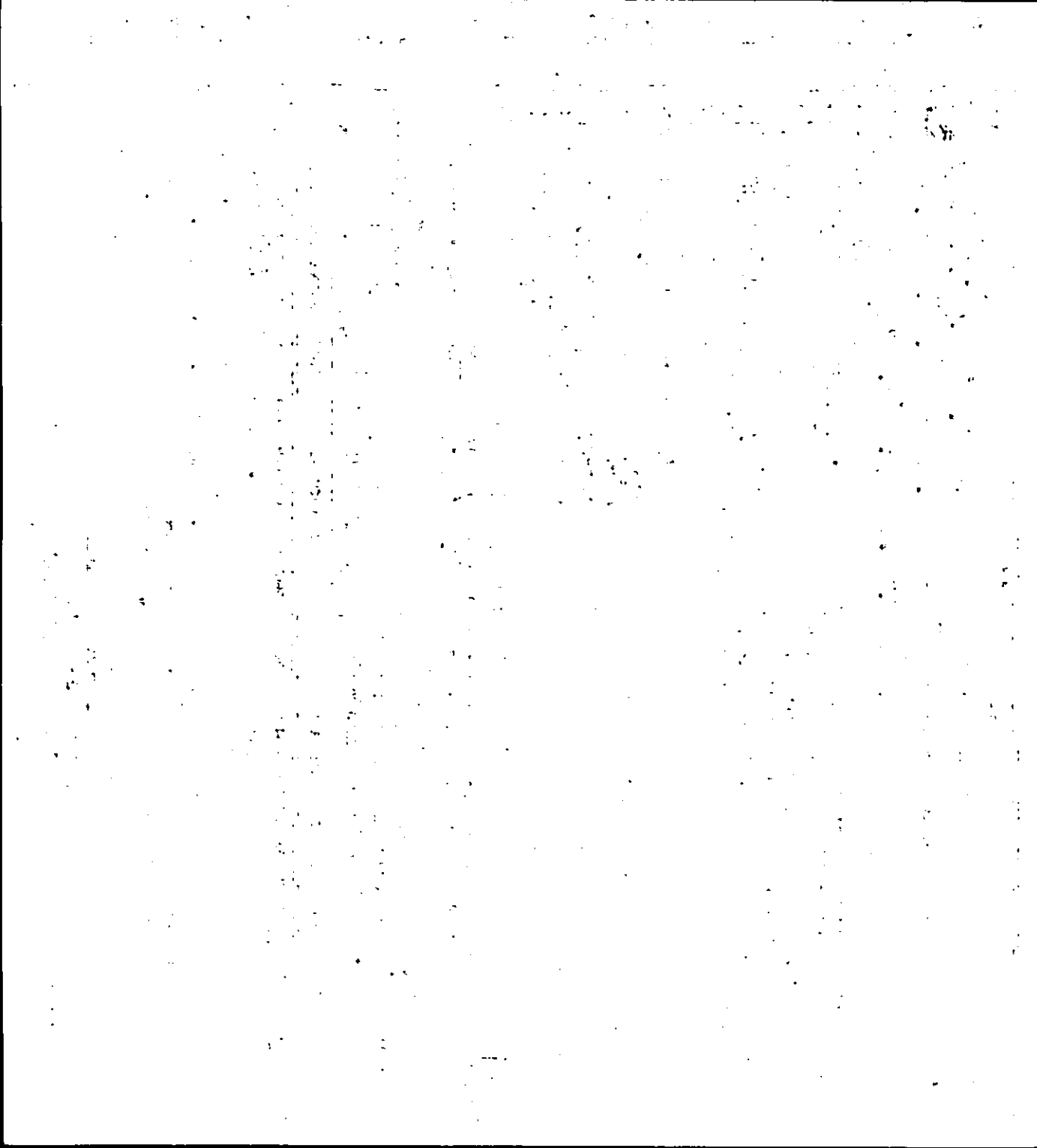
24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) James P. Donoghue, M. D.

(Address) St. Joseph, Mo.

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.



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BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township St. Joseph

Primary Registration District No. 100

City St. Joseph

(No. St. Josephs Hosp)

File No.

Registered No. 180

St. Ward

2. FULL NAME

(a) Residence, No. 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

w

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

s

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1
23 4 24 day, ... hrs.
or min.

OCCUPATION

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

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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER
(ADDRESS)

20. FILED 5-7- 1935 John R. Bender
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 8 1935

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw him/her alive on....., 19..... Death is said

to have occurred on the date stated above, at..... m.

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

Pneumonia Date of onset

labor

188

Other contributory causes of importance:

lung abscess resulting

from pneumonia

Name of operation None 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? No 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 None

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) James O. Donoghue M. D.

(Address) St. Joseph Mo

APR 26 1944

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