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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.

APR 9 1935

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

Do not use this space.

10809

File No.

Registered No. 2431

1. PLACE OF DEATH

County

Township

City St Louis (No. 4123 N. Euclid Ave St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Ida Albers

(a) Residence, No. 4123 N. Euclid ave Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF: Joseph Albers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 6 - 1874

7. AGE: YEARS 60 MONTHS 10 DAYS 7 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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): Ger

FATHER

13. NAME: Louis Meyer

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

MOTHER

15. MAIDEN NAME: Mary Varwig

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

17. INFORMANT (ADDRESS): Jos Albers 4123 Euclid

18. BURIAL, CREMATION, OR REMOVAL PLACE: Bethany Cmt DATE: Mar 15 1935

19. UNDERTAKER (ADDRESS): Bromschwig Und Co 4740 W Florissant ave

20. FILED: MAR 14 1935 19 Jos F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3-13- 1935

22. I HEREBY CERTIFY, That I attended deceased from 10-1- 1932, to 3-13- 1935

I last saw her alive on 3-13 1935. Death is said to have occurred on the date stated above, at 3:30 a.m.

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

	Date of onset
Chr. Nephritis	
Chr. Myocarditis with auricular fibrillation	
Hypertension	

Other contributory causes of importance:

Name of operation: none Date of

What test confirmed diagnosis: Phy. Exam. Was there an autopsy? no

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? 4 (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) E. A. Lauscha, M. D.

(Address) 4885 Natural Bridge

4555 Nob Dodge