

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.

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

Do not use this space.

SEP 16 1935

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City St. Louis (No. Firmin, Desloge Hospital St. Ward)

27815

File No.
 Registered No. **6866**

2. FULL NAME Infant Albers

(a) Residence, No. 4345 Chippewa Streets St. 15 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 11, 1935.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
6 hrs. 20 min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
 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 Herman B Albers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.,

MOTHER 15. MAIDEN NAME Katherine Zurfehr

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.,

17. INFORMANT Herman B. Albers
 (ADDRESS) 4345 Chippewa Street

18. BURIAL, CREMATION, OR REMOVAL SS. Peter & Paul Cem DATE Aug. 12, 1935

19. UNDERTAKER H. Deben Paul N. Co
 (ADDRESS) 2842 Maramec Street
 AUG. 15 1935

20. FILED J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 11 1935, to, Aug 11, 1935.

I last saw her alive on Aug 11, 1935. Death is said to have occurred on the date stated above, at 10:00 am.

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

Prematurity (6 1/2 mos)

Other contributory causes of importance:

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? Yes

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) C. E. Cullerton, M. D.

(Address) Desloge Hosp,

1950

1950

1950

1950