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

NOV 9 1935

Do not use this space.

34315

File No.

Registered No. 8740

Registration District No. 791 1003

Primary Registration District No.

1. PLACE OF DEATH

County

Township

City St. Louis St. Louis City Hospital St. Ward)

2. FULL NAME Henry J. Albers

(a) Residence, No. 3307 Klein St., 26 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	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 Mary Albers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 9, 1868

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
67	2	7	

OCCUPATION

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

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) Germany

FATHER

13. NAME Henry Albers

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

MOTHER

15. MAIDEN NAME Unk.

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

17. INFORMANT (ADDRESS) George H. Albers 5728 Roosevelt Place

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE Oct. 19 1935

19. UNDERTAKER (ADDRESS) Edward Koch 3516 N 14th St

20. FILED OCT 18 1935 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 12 P.M.

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

	Date of onset
Traumatic Rupture of large & small intestines, fractured pelvis & ribs, hemorrhage of abdomen, lacerated bladder & abdominal wall, recd when crushed by elevator (fright)	

Other contributory causes of importance: at Union Station

1940

203 M

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, homicide~~ 10/16/35 Date of injury, 19.....

Where did injury occur? St Louis Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Industry

Manner of injury Crushed by elevator

Nature of injury see above

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

If so, specify Elevator Freight Handler

(Signed) Harold Doherty, ~~M. D.~~

10/17/35 (Address) Gepfer

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

100M-11-24-33