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

Do not use this space.

1. PLACE OF DEATH JUL 8 - 1937

County ..... Registration District No. 791 File No. 21903

Township ..... Primary Registration District No. 1003 Registered No. 56655

City St. Louis, Mo. (No. ....., City Sanitarium St. ..... Ward)

2. FULL NAME Charles Albertz.

(a) Residence, No. St. Regis Hotel St., 25 Ward. (If nonresident, give city or town and State)
(Usual place of abode) 421 N Kingsway.

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: Male

4. COLOR OR RACE: White

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 14, 1863

7. AGE: Years 73 Months 9 Days 24 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

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

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

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

FATHER

13. NAME Jacob Albertz

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

MOTHER

15. MAIDEN NAME Barbara Eisenhudt

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

17. INFORMANT M. Appel, M.D. (ADDRESS) 5400 Arsenal St

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine Cem DATE June 9, 1937

19. UNDERTAKER C. R. Lupton & Sons (ADDRESS) 4449 Olive

20. FILED JUN 8 1937 J. F. Bredick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7, 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from May 31, 1937, 19, to 6-7-37, 19

I last saw him alive on 6-7-1937, 19. Death is said to have occurred on the date stated above, at 2:00 P.M.

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

	Date of onset
Arteriosclerosis 5031-37x	

Other contributory causes of importance

Senility	5-31-37x
Decubitus Ulcers	5-31-37x

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

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) Maryan N. Appel, M. D.

(Address) 5400 Arsenal

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.