

AUG 30 1937

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

Do not use this space.

1. PLACE OF DEATH

County St CharlesRegistration District No. 757

Township

Primary Registration District No. 3036

City

(No. 215 N. 4th St)File No. 28200Registered No. 174

St.

Ward)

2. FULL NAME Friedrich Casper Albers(a) Residence, No. St Charles Mo

(Usual place of abode)

St.

Ward.

(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

Male

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 OFAnna Kline

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

Feb 24th 1864

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, ... hrs.

or min.

73424

OCCUPATION

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

Retired Farmer

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 Charles Mo

FATHER

13. NAME

Anthony Albers

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

MOTHER

15. MAIDEN NAME

Mary Rutz

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

17. INFORMANT

(ADDRESS)

Miss Friedrich Albers
215 N 4th St
St Charles Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Borromeo Cem.

DATE

July 21st

1937

19. UNDERTAKER

(ADDRESS)

Ob Co. Dallmeyer & Sons
806 N 4th St
St Charles Mo

20. FILED

7/19

1937

Clarence J. Neesler

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

July 18th 1937

22. I HEREBY CERTIFY, That I attended deceased from

Aug 1937, to July 18 1937I last saw him alive on July 18 1937Death is said to have occurred on the date stated above, at 2:30 a.m.

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

Date of onset

Myocarditis 1937Coronary thrombosis 1937Other contributory causes of importance: ABC

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? No Date of injury

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) Yunus A. Schneider M. D.(Address) St Charles 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.

