

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

39789
Do not use this space.

DEC 13 1937

1. PLACE OF DEATH

(a) County..... Registration District No. **791**

(b) Township..... Primary Registration District No. **1008**

(c) City **St. Louis,** (d) Street No. **3023 Keokuk Street** St.

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Albert A. Albenesius**

(a) Residence, No. **3023 Keokuk Street** St. **24** (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

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 OF **Lena Albenesius**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 15th, 1876**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.

61 0 5

OCCUPATION

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

9. Industry or business in which work was done, as 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 **Florian Albenesius**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Alsacs**

MOTHER

15. MAIDEN NAME **Not-Known**

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

17. INFORMANT (ADDRESS) **Lena Albenesius 3023 Keokuk Street**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Lakewood** DATE **Nov. 23rd, 37**

19. FUNERAL DIRECTOR (ADDRESS) **William Schumacher 3013 Meramec Street**

20. FILED **NOV 22 1937** **St. Brudeck** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 20th 1937**

22. I HEREBY CERTIFY, That I attended deceased from **October 1, 1936** to **Nov 20, 1937**

I last saw him alive on **11-1, 1937**. Death is said to have occurred on the date stated above, at **11 pm**.

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

Terminal carcinoma following a carcinoma of the Rectum

Date of onset **1934**

Other contributory causes of importance: **Nephritis chronic**

Name of operation **Rectal specimen** Date of.....

What test confirmed diagnosis? **Examined** 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? **No.**

If so, specify.....

(Signed) **W. O. Owens**, M. D.

(Address) **Missouri Bldg**

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.

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9-10

Mr. B. C. ...
700 ...
July 51-71

STATEMENT BY LICENSED EMBALMER

I, Fred W. Wettig, Licensed Embalmer No. 1530

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Fred W. Wettig

Licensed Embalmer No. 1530

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)