

FEB 12 1938

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

1233
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City St. Louis (d) Street No. 5038 Westminster St. **1089**
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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

Emilie Albietz 4/3
 (a) Residence, No. 5038 Westminster St. **12** (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 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) Oct. 28, 1854
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
83 3 0

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home
 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. 0

FATHER
 13. NAME Jacob Albietz 6
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 7

MOTHER
 15. MAIDEN NAME Not known
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bavaria

17. INFORMANT (ADDRESS) Mrs. Matilda Pollmann 5038 Westminster

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE Jan. 31, 1938

19. FUNERAL DIRECTOR (ADDRESS) Charles K. Koenig Funeral Home 4911 Washington Bl.

20. FILED JAN 29 1938 J. Breda Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 28, 1938
 22. I HEREBY CERTIFY That I attended deceased from May 12, 1937 to Jan 28, 1938
 I last saw h. at alive on Jan 28, 1938 Death is said to have occurred on the date stated above, at 5:30 p.m.
 The principal cause of death and related causes of importance were as follows:

Sarcoma lower lumbosacral vertebrae
 Date of onset
 Other contributory causes of importance: None

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? no
 If so, specify..... (Signed) F. Reder M. D.
 (Address) 607 N. Grand Ave.

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.

STATEMENT BY LICENSED EMBALMER

I, Elton R.H. Remelius, Licensed Embalmer No. 3154
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself
L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Elton R.H. Remelius
Licensed Embalmer No. 3154

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.)