

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

791  
1008

9216  
Do not use this space.

REC'D APR 11 1938

1. PLACE OF DEATH

(a) County ..... Registration District No. ....  
 (b) Township ..... Primary Registration District No. ....  
 (c) City St. Louis (d) Street No. 1931 E. Warne Ave. St. ....  
 (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. 2 mos. ds. (f) How long in U. S., if of foreign birth? 55 yrs. mos. ds.

2. PRINT FULL NAME Jacob Albatt 413

(a) Residence, No. 1931 E. Warne Ave. St. 9 (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 Husband of Ida Albatt (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 26, 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
64 1 28

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter  
 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) July 1937 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) Holstein (STATE OR COUNTRY) Germany

13. NAME John Albatt

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

15. MAIDEN NAME Christine Kelting

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

17. INFORMANT Mrs. Amanda Geisel (ADDRESS) 1931 E. Warne

18. BURIAL, CREMATION, OR REMOVAL PLACE Friedens Cem. DATE March 26, 1937

19. FUNERAL DIRECTOR Suedmeyer & Sons (ADDRESS) 3934 N. 20th St.

20. FILED MAR 24 1938 J. B. Bredbeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 24 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 to Mar 24 1938 last saw him alive on March 23rd, 1938. Death is said to have occurred on the date stated above, at 1:00 P.M.  
 The principal cause of death and related causes of importance were as follows:

Carcinoma of Pancreas, Stomach and Liver, primary seat in pancreas

Other contributory causes of importance: H6 P

Name of operation ..... Date of .....  
 What test confirmed diagnosis? Clinical 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) L. H. Wilson, M. D.  
 (Address) 4342 Warne ave

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, Geo P Schubert, Licensed Embalmer No. 2212

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 Geo P Schubert

Licensed Embalmer No. 2212

**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.)**