

RECORDED 14 1938

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

10228

Do not use this space.

1. PLACE OF DEATH
(a) County..... Buchanan
(b) Township.....
(c) City..... St. Joseph, (d) Street No. Mercy Hospital
(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 Albert F. Tourbier 616
(a) Residence, No. 1615 Beattie St. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
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) June, 7, 1888
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 9 22
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Steam fitter.
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) Buchanan Co., MO. 0
13. NAME Chas. A. Tourbier 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk. Germany 6
15. MAIDEN NAME Rosena Roth 6
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Andrew Co., Mo.
17. INFORMANT Miss Amelia Tourbier
(ADDRESS) 1615 Beattie St.
18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cemetery DATE Mar, 31, 1938
19. FUNERAL DIRECTOR (ADDRESS) Walter Meierhoffer
1302 Faraon St., St. Joseph, Mo.
20. FILED Mar 31, 1938 H. J. Westphal
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar, 29, 1938 19
22. I HEREBY CERTIFY That I attended deceased from June 7th, 1937, to March 29, 1938
last saw him alive on March 29, 1938. Death is said to have occurred on the date stated above, at 4:15 A.M.
The principal cause of death and related causes of importance were as follows:
Cirrhosis of the Liver
Alcoholic
Date of onset
Other contributory causes of importance:
Chronic nephritis.
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy?
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) Dr. J. J. Schuyler
(Address) 877 Faraon St.

STATEMENT BY LICENSED EMBALMER

I, Wilbur H. Kelly, Licensed Embalmer No. Mo. 3946

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 Wilbur H. Kelly
Licensed Embalmer No. Mo. 3946

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.)