

REC'D OCT 12 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

791
1008

30541
Do not use this space.

1. PLACE OF DEATH

(a) County
 (b) Township
 (c) City: St. Louis (d) Street No. St. Johns Hosp.
 (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.

Registered No. 7978

2. PRINT FULL NAME Dwight F. Albers 416

(a) Residence, No. 8027 Orlando Dr. St. Clayton Mo.
 (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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Florence Albers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 1 1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
38 8 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Radio Shop Prop.
 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) Ill.

FATHER 13. NAME John Albers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT (ADDRESS) Mrs Florence Albers
8027 Orlando Dr Clayton

18. BURIAL, CREMATION, OR REMOVAL PLACE Carlyle Hills DATE 9-9-38

19. FUNERAL DIRECTOR (ADDRESS) Louis H. Hoop
131 W. Argonne Dr. Kirkwood

20. FILED SEP - 9 1938 J. P. Buckner
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 6 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1938 to Sept 6, 1938

I last saw him alive on Sept 6 1938 Death is said to have occurred on the date stated above, at 6 P. m.
 The principal cause of death and related causes of importance were as follows:

Malignant lymphoma - probable primary seat retroperitoneal lymph nodes lymphocarcinoma

Date of onset 1935

Other contributory causes of importance: none

Name of operation Biopsy Date of Jan 1938

What test confirmed diagnosis? micro Was there an autopsy? yes

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

MO (Signed) [Signature] M.D.
 (Address) 5727 Delmar Blvd

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, John M Meyer, Licensed Embalmer No. 3288
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 John M Meyer
Licensed Embalmer No. 3288

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.)