

REC'D SEP 12 1939

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

28585

Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85  
(b) Township St. Joseph Primary Registration District No. 1001  
(c) City St. Joseph (d) Street No. Mercy Hospital St. 813  
(e) Length of residence in city or town where death occurred 39 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Emil Gustave Alberts

(a) Residence, No. 414 East Augusta St. Mo. (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 Bertha Alberts

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 28, 1867

7. AGE YEARS 72 MONTHS 5 DAYS 7 If LESS than 1 day, .....hrs. or .....min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired 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)  
11. Total time (years) spent in this occupation 50

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

FATHER 13. NAME Unknown Alberts

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. Bertha Alberts  
(ADDRESS) 414 East Augusta, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cemetery DATE August 8, 1939

19. FUNERAL DIRECTOR (NAME) Walter Meierhoffer  
(ADDRESS) 1302 Faraon St. St. Joseph, Mo.

20. FILED Aug 8, 1939 W. H. Nestlebrook  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 17, 1939, to August 5, 1939  
I last saw him alive on August 5, 1939 Death is said to have occurred on the date stated above, at 5:15 P.M.  
The principal cause of death and related causes of importance were as follows:

Cancer of the Liver

Date of onset ?

Other contributory causes of importance: 4 b

Name of operation X X X Date of ?  
What test confirmed diagnosis? Clinical 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 Dr. T. C. McVey, M.D.  
(Signed) 85 (Address) Bartlett Bldg. St. Joseph, Mo.

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or ~~by~~.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*W. H. Kelly*

Licensed Embalmer No. *16* #3946

P. O. Address *St. Joseph, Missouri.*

**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.)**

**If this body is not embalmed, above space should be left blank.**