S. No. 2
—11-10-39
v. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23403

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 5848

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln

(c) City or town Silex N/R
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME George Nicholas Albart 416

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased Dec. (Month) 25 (Day) 1882 (Year)

8. AGE: Years 57 Months 6 Days 15 If less than one day hr. min.

9. Birthplace Jerseyville (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name John Louis Albart
13. Birthplace (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Susan Shinner
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mrs. George Albart
(b) Address Silex, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-12-40 (Month) (Day) (Year)
(c) Place: burial or cremation Millwood, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. (a) JUL 11 1940 (Date received local registrar) (b) J. F. Bruebeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10th
year 1940 hour 7 minute 15 a M.

21. I hereby certify that I attended the deceased from July 5, 1940, to July 10th, 1940
that I last saw him alive on July 9th, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Staphlococcus Septicaemia	8 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

133a

Major findings:
Of operations No Operation
Of autopsy multiple abscess Kidneys Petechial haem bowel Infarction Spleen

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) History of strain
(b) Date of occurrence Abt. July 2nd
(c) Where did injury occur? Silex (City or town) (County) (State) Mo.
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On farm (Specify type of place)
While at work? Yes (e) Means of injury lifting strain

23. Signature C. C. Burford (M.D. or other)
Address 958 Arcade Bldg Date signed 7/11 40

(Licensed Embalmer's Statement on Reverse Side)

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: Albert L. Hoppe

Licensed Embalmer No. 2971

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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