

FEB 18 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **4105**

Registration District No. **445**

Primary Registration District No. **6020-a**

Registrar's No. **1**

1. PLACE OF DEATH:
 (a) County St. Francois
 (b) City or town Bonneterre
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Bonneterre Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community 16 yrs 11 mo 21 days (Specify whether years, months or days)

8. (a) PRINT FULL NAME. Eugene Francis Alberts
3. (b) If veteran, name war _____ **3. (c) Social Security** No. _____

4. Sex male **5. Color or race** white
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife. _____ **6. (c) Age of husband or wife if** _____
 alive _____ years
7. Birth date of deceased Jan - 10 - 1924
 (Month) (Day) (Year)

8. AGE: Years 16 Months 11 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace Desloge Missouri
 (City, town, or county) (State or foreign country)
10. Usual occupation School boy

11. Industry or business _____
MOTHER FATHER
12. Name Orville E. Alberts
13. Birthplace Iron Missouri
 (City, town, or county) (State or foreign country)
14. Maiden name Edness Valley
15. Birthplace Sion Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Orville E. Alberts
(b) Address Cantwell Missouri
17. (a) Burial (b) Date thereof _____ (Month) (Day) (Year)
 (Burial, cremation, or removal)
(c) Place: burial or cremation Bellview
18. (a) Signature of funeral director C. J. Bayer
(b) Address Desloge Missouri
19. (a) Jan 11 1941 (b) N. W. Hawkins
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County St. Francois
 (c) City or town Cantwell 94
 (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.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 1
 year 1941 hour 8:30 minute _____ A. M.
21. I hereby certify that I attended the deceased from 12-27, 1940, to 1-1, 1941;
 that I last saw h. _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death acute dilatation of heart
Due to acute nephritis with arterial hypertension & vasculitis
Due to chronic nephritis
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____
 Of autopsy _____

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

 _____ (Specify type of place)
 While at work? _____ (e) Means of injury _____
23. Signature Paul T. Jones M.D. (M. D. or other) _____
Address Fleet River Mo Date signed 1-2-41

Duration
1 day
Four months
Several years
PHYSICIAN
 Underline the cause to which death should be charged statistically.

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.....

C. J. Rogers

Licensed Embalmer No.....

1167

P. O. Address.....

Delaware, Md.

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.