

SEP 25 1943

Registration District No. 317

Primary Registration District No. 9063

Registrar's No. 2113

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town CLAYTON  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis County Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 46 days  
(Specify whether  
In this community 19 yrs  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County St. Louis  
(c) City or town CARSONVILLE  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3939 WILLIAM  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country -

3. (a) PRINT FULL NAME

Mary Ann Albert

3. (b) If veteran, name war no

3. (c) Social Security No. -

4. Sex F 5. Color or race wh. 6. (a) Single, widowed, married, divorced, wid. 2 divorced, wid.  
6. (b) Name of husband or wife Ernest J. Albert 6. (c) Age of husband or wife if alive dec. years  
7. Birth date of deceased Nov. 13 1873  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 16  
year 1943 hour 12 minute 42 p.m.  
21. I hereby certify that I attended the deceased from 8-1-43  
to 9-16-43, 1943,  
that I last saw her alive on 9-16-43, 1943,  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Bladder  
Duration unknown

8. AGE: Years 69 Months 10 Days 3  
If less than one day hr. min.

Due to  
Due to

9. Birthplace Petersburg Ill.  
(City, town, or county) (State or foreign country)

Other conditions Generalized Atherosclerosis  
(Include pregnancy within 3 months of death)

10. Usual occupation none  
11. Industry or business  
MOTHER FATHER { 12. Name TAMLINSON  
13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace unknown 9  
(City, town, or county) (State or foreign country)

Major findings: Of operations -  
Of autopsy -  
52 f  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Ernest F. Albert  
(b) Address 966 Ferguson Ave.  
17. (a) Burial (b) Date thereof 9-20-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Valhalla Cem.  
18. (a) Signature of funeral director Drehmann-Harral  
(b) Address 1905 Union Blvd.  
19. (a) SEP 21 1943 (b) C. G. McCarroll, M.D.  
(Date received locally by Registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) no  
(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?  
While at work? (Specify type of place)  
(e) Means of injury  
23. Signature John Mederwimer (M. D. or other) M.D.  
Address St. Louis County Hospital Date signed 9-18-43

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

JUL 2 1948

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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.....

*Warren A. Carver*

Licensed Embalmer No.....

*3534*

P. O. Address.....

**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, fact should be so stated above.**