

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

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: City Sanitarium
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 16yr. 3mo. 29ds
(Specify whether years, months or days)
 In this community 64 yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 4920 Motherson Ave
5407 Arsenal St.
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME FLORENCE ALBERT

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced Sgl. (1)

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 3, 1880
(Month) (Day) (Year)

8. AGE: - Years Months Days If less than one day
64 2 27 _____ hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name John F. Albert

13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Arendel

15. Birthplace Louisiana
(City, town, or county) (State or foreign country)

16. (a) Informant Thelma A. Singler

(b) Address 5400 Arsenal

17. (a) Burial (b) Date thereof Nov 7/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director C. R. Lupton & Sons

(b) Address 7233 Delmar Blvd.

19. (a) OCT 31 1944 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 30,
 year 1944. hour 7.30 minute A. M.

21. I hereby certify that I attended the deceased from July 1, 1936 to Oct 30, 1944;
 that I last saw her alive on Oct 30, 1944;
 and that death occurred on the date and hour stated above.

Immediate cause of death broncho pneumonia Duration
4ds

general arteriosclerosis 10yrs/

Due to _____

Due to _____

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 Kerschhammer M.D.

Address 5400 Arsenal Date signed 10/30/44

PHYSICIAN

 Underline the cause to which death should be charged statistically.

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 Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City

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.