

FILED OCT 318

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8505

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

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

(c) Name of hospital or institution:
St. Louis City Hospital - Max C. Starkloff
(If not in hospital or institution, write street number or location) Memorial

(d) Length of stay: In hospital or institution 3 days
(Specify whether 2 years)

In this community 2 years
years, months or days)

3. (a) PRINT FULL NAME EARL ALSBROOK

3. (b) If veteran, name war _____

3. (c) Social Security No. 702-12-6027

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Catherine

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

7. Birth date of deceased 9 - 23 - 1892
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

63 07 6 hr. min.

9. Birthplace Adams Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

Laundry

11. Industry or business Laundry

12. Name Hiram Alsbrook

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

14. Maiden name Alice Chambers

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

16. (a) Informant Mrs Herbert Lischer (Daughter)

(b) Address 4253a Red Bud

17. (a) Burial (b) Date thereof Oct 2 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem

18. (a) Signature of funeral director Beiderwieden F.H. Inc.

(b) Address 1936 St Louis Avenue

19. (a) OCT 2 1945 (b) J. F. Bredeek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St Louis
(If outside city or town limits, write "RURAL") 17/0

(d) Street No. 4251a Athlone Ave
(If rural, give location) 9

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPTEMBER Day 29th
year 1945 hour 10:10 minute A. P.M.

21. I hereby certify that I attended the deceased from 9/13/45
19... to 19/29/45, 19...;

that I last saw h. er alive on 9/28/45, 19...;

and that death occurred on the date and hour stated above:

Immediate cause of death malnutrition Duration _____

Due to Amnesia of the burial
County

Due to _____

Other conditions 1/0
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy Amnesia of burial
County, Adams and vacated

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) _____

(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? _____

23. Signature Pete Thomas (Specify type of place) _____
Address 1515 Lafayette Means of injury _____
Date signed 10/1/45

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

100
17
9

MOTHER FATHER

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 *Felix J. Krupin*.....

Licensed Embalmer No. *3497*.....

P. O. Address *1936 St. Louis*.....

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.