No. 2
I—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

338335

State File No.

FILED NOV 12 1946

Registration District No. 618

Primary Registration District No. 1003

Registrar's No. 9360

1. PLACE OF DEATH:

(a) County

(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:
6208 Pennsylvania Ave.,
(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

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

(d) Street No. 6208 Pennsylvania Ave.,
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Emil C. Albientz

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Emily Albientz

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

7. Birth date of deceased March 24, 1892
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
54	7	7	hr. min.

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

10. Usual occupation Plasterer

11. Industry or business

FATHER
12. Name Emil Albientz
13. Birthplace Europe
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Helena Bekland
15. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Emily Albientz
(b) Address 6208 Pennsylvania

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-4-46
(Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 South Grand Blvd.

19. (a) NOV 1 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 1st
year 1946 hour 7a.m. minute M.

21. I hereby certify that I attended the deceased from Dec 7, 1939, to Nov 1, 1946
that I last saw h alive on Nov 1, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis. — Duration 19 hrs.

Due to Chr Myocarditis — 6 yrs.

Due to

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

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) —

(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 Max Starkloff (M. D. or other) MD

Address 512 Dover Place Date signed 11/1/46

(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 J Wm Buckley

Licensed Embalmer No. 3653

P. O. Address 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.