

No. 2
-12-45
5-17-39
PI X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18551

FILED MAY 29 1947

State File No. _____

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **4942**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **SAINT LOUIS**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **STONE NURSING HOME 4373 W. PINE BL.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **58 MONTHS**
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **000**
(c) City or town **SAINT LOUIS** **17**
(If outside city or town limits, write "RURAL")
(d) Street No. **4321 BLAIR AVENUE** **9**
(If rural, give location) **0**
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **PETER ALBERDA**

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 **WIDOWED**
6. (b) Name of husband or wife **LATE LOUISA ALBERDA** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **APRIL 12th, 1868**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 1 3 hr. _____ min.

9. Birthplace **HOLLAND 4**
(City, town, or county) (State or foreign country)

10. Usual occupation **RETIRED MILLWRIGHT**

11. Industry or business **SAINT LOUIS CAR COMPANY**

12. Name **UNKNOWN** **9**

13. Birthplace **"** **9**
(City, town, or county) (State or foreign country)

14. Maiden name **UNKNOWN** **9**

15. Birthplace **"** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **MR. LOUIS ALBERDA**

(b) Address **4262 SACRAMENTO AVENUE**

17. (a) **BURIAL** (b) Date thereof **MAY 19, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **MOUNT LEBANON CEMETERY**

18. (a) Signature of funeral director **CALVIN F. FEUTZ**

(b) Address **4828 NATURAL BRIDGE BOULEVARD**

19. (a) **MAY 16 1947** **J. F. Bredek**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **MAY** day **15th**
year **1947** hour **4** minute **40 P.M.**

21. I hereby certify that I attended the deceased from **4-15-47** to **May 15, 1947**
that I last saw him alive on **Apr 15-47** and that death occurred on the date and hour stated above.

Immediate cause of death **"Chronic Endocarditis" plus Severe Arterial Sclerosis** Duration **3 months**

(Paralyzed for years =)
Chronic Peptic Ulcer
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: **92**
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?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **Alvin M. Taylor** (M. D. or other) **5/16/47**
Address **4828 N. Feutz** Date signed **5/16/47**

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

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 John A. Melman

Licensed Embalmer No. 4186

P. O. Address St. Louis Mo

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.