S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14946

FILED MAY 15 1948

Registration District No. 1

Primary Registration District No. 6076

Registrar's No. 1208

96
0
0

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Florissant
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R. R. # 1 Box 686 1
(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 St. Louis 96

(c) City or town Florissant 0
(If outside city or town limits, write "RURAL")

(d) Street No. R. R. # 1 Box 686 0
(If rural, give location) 1

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

If yes, name country .....

3. (a) PRINT FULL NAME Walter F. Albers

3. (b) If veteran, name war .....

3. (c) Social Security No. 492-10-5499

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Geneva

6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased February (Month) 25 (Day) 1905 (Year)

8. AGE: Years 43 Months 2 Days 18 If less than one day ..... hr. ..... min.

9. Birthplace Marissa (City, town, or county) Illinois 1 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business .....

FATHER
12. Name William Albers
13. Birthplace ..... (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Caroline Waeltz
15. Birthplace Lensburg (City, town, or county) Illinois 1 (State or foreign country)

16. (a) Informant Geneva Albers
(b) Address R. R. # 1 Box 686 Florissant, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-15-48 (Month) (Day) (Year)
(c) Place: burial or cremation Salem Black Jack Cem.

18. (a) Signature of funeral director Math. Hermann & Son, Inc.
(b) Address 2161 E. Fair Ave

19. (a) 5-13-48 (Date received local registrar) (b) Cecil A. Sharp M.D. (Registrar's signature) Pres.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12
year 1948 hour 10 minute 00 AM.

21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....;
that I last saw h..... alive on ..... 19.....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death self-inflicted shotgun wound of abdomen, causing internal hemorrhage	
Due to	
Due to 164 c	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence May 12, 1948

(c) Where did injury occur? Florissant, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In barn (Specify type of place)

While at work? ..... (e) Means of injury Gunshot wound

23. Signature Arnold J. Willmann 2 Corner (M. D. or other)

Address Clayton, Mo. Date signed 5/13/48

Jefferson City Printing Co. (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 William G Burkhart

Licensed Embalmer No. 2140

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.