

FILED DEC 6 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38455

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10178

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		d. FULL NAME OF HOSPITAL OR INSTITUTION 4616 Carrie Ave. <i>0</i>	
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) 4616 Carrie Ave		f. _____	
3. NAME OF DECEASED (Type or Print)		a. (First) Fred		b. (Middle) J.	
c. (Last) Albers		4. DATE OF DEATH (Month) (Day) (Year) November 24 1949		5. SEX Male <i>17</i>	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married <i>1</i>		8. DATE OF BIRTH December 24 1868	
9. AGE (In years last birthday) 80		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		11. BIRTHPLACE (State or foreign country) Germany: <i>U</i>	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Bernars Albers		13b. MOTHER'S MAIDEN NAME Katherine Stupenhorst	
14. NAME OF HUSBAND OR WIFE Jennae Albers		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Jennie Albers		ADDRESS 4616 Carrie Ave		18. CAUSE OF DEATH Enter only one cause per line for (a); (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 1 month 10 days	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 97		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 331X		22. I hereby certify that I attended the deceased from <i>Nov 1</i> 19 <i>49</i> , to <i>Nov 24</i> 19 <i>49</i> , that I last saw the deceased alive on <i>Nov 19</i> , and that death occurred at <i>2:30 p.m.</i> , from the causes and on the date stated above.			
23. SIGNATURE James J. Medla <i>reg</i>		23b. ADDRESS 4114 W. Florsess Rd.		23c. DATE SIGNED 11/1/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) In Mausoleum		24b. DATE November 26 1949		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis MO		DATE REC'D BY LOCAL REG. NOV 26 1949		REGISTRAR'S SIGNATURE <i>J. B. Fautz</i>	
25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Fautz		ADDRESS 4828 Nat Bridge Blvd			

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed

*John A. Mlinar*

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.