

FILED JAN 28 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2225  
603

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3900a Meramec St</b>		d. STREET ADDRESS (If rural, give location) <b>3900a Meramec St</b>	
3. NAME OF DECEASED a. (First) <b>Mary</b> (Type or Print)		b. (Middle) <b>E.</b>	
		c. (Last) <b>Albers</b>	
		4. DATE OF DEATH <b>Jan 18 1950</b> (Month) (Day) (Year)	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec 3 1885</b>
9. AGE (In years) <b>64</b> (birthday)		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>.....</b>	11. BIRTHPLACE (State or foreign country) <b>Florissant Mo.</b>
13a. FATHER'S NAME <b>John Daake</b>		13b. MOTHER'S MAIDEN NAME <b>Philomia Beller</b>	14. NAME OF HUSBAND OR WIFE <b>Carl H. Albers</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>.....</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Carl H. Albers</b>
		ADDRESS <b>3900a Meramec St</b>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive C-V Disease</b>  DUE TO (c)  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) <b>H-201</b>	
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?	
22. I hereby certify that I attended the deceased from <b>July, 1947</b> , to <b>Jan 11, 1950</b> , that I last saw the deceased alive on <b>Jan 11, 1950</b> , and that death occurred at <b>2. AM</b> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree of title) <b>John W. Daake M.D.</b>		23b. ADDRESS <b>4254 Arsenal</b>	23c. DATE SIGNED <b>1-19-50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Jan 21 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Sacred Heart Cemt</b>	24d. LOCATION (City, town, or county) (State) <b>Florissant Mo.</b>
DATE REC'D BY LOCAL REG. <b>JAN 20 1950</b>		REGISTRAR'S SIGNATURE <b>J. Daake</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Jos. W. Clark</b>
		ADDRESS <b>1125 Hodiament Ave</b>	

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

Dr. John W. Daake

4254a Arsenal St

La 8167 *6:30/10 P.M.*

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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.

Signed.....

*Elmo R Padwell*

Signed.....

Student Embalmer.....

Licensed Embalmer No. ....

*4077*

P. O. Address.....

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.