

FILED SEP 24 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 32808

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8543

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois - b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) Hidalgo	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) R.R. #1	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Childrens Hospital		e. DATE OF DEATH (Month) (Day) (Year) 8-31-53	
3. NAME OF DECEASED (Type or Print) Theresa Nadine Albert		4. DATE OF DEATH (Month) (Day) (Year) 8-31-53	
5. SEX F		6. COLOR OR RACE W	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED		8. DATE OF BIRTH 3-4-51	
9. AGE (In years last birthday) 2 yrs		10. AGE (In years last birthday) 2 yrs	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Illinois		12. CITIZEN OF WHAT COUNTRY? Amer.	
13a. FATHER'S NAME Charles Albert		13b. MOTHER'S MAIDEN NAME Blanche Millman	
14. NAME OF HUSBAND OR WIFE NONE		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. NONE		17. INFORMANT'S SIGNATURE OR NAME L. King Highway	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mucoviscidosis</u> INTERVAL BETWEEN ONSET AND DEATH  ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. 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 (Specify) SUICIDE HOMICIDE	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from 8-28, 1953, to 8-31, 1953, that I last saw the deceased alive on 8-31, 1953, and that death occurred at 8:55 A.M., from the causes and on the date stated above.		22. HOW DID INJURY OCCUR? 5872	
23a. SIGNATURE Dr. L. J. Smith		23b. ADDRESS St. Louis Childrens Hospital	
23c. DATE SIGNED 8-31-53		23d. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL REMOVAL		24b. DATE 8/31/53	
24c. NAME OF CEMETERY OR CREMATORY Local		24d. LOCATION (City, town, or county) (State) HIDALGO, ILL.	
DATE REC'D BY LOCAL REG. SEP 2 1953		REGISTRAR'S SIGNATURE J. Carl Smith	
25. FUNERAL DIRECTOR'S SIGNATURE Charles E. Hiles		ADDRESS Bureau 20	

(Licensed Embalmer's Statement on Reverse Side)

F1732 ILL.

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

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 \_\_\_\_\_

*Chas. E. Hile*

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Chas. E. Hile*

Licensed Embalmer No. *F-1732 Ill.*

P. O. Address *Greenup, Ill.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.