FILED APR 12 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

9832

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2791

Health, & Welfare Public Service

S. 300 0
1-56

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes # No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 25 City Hospital — Length of stay in 1b 1 day

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

c. CITY OR TOWN St. Louis — Inside Limits Yes # No ☐

d. STREET ADDRESS (If outside, give location) 3427 Washington — Reside on Farm Yes ☐ No # ☐

2219

3. NAME OF DECEASED (Type or print) First FRANK Middle JOSEPH Last ALBERS

4. DATE OF DEATH Month Mar. Day 21, Year 1957

5. SEX Male 0

6. COLOR OR RACE White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED # DIVORCED ☐

8. DATE OF BIRTH Dec. 3, 1895

9. AGE (In years last birthday) 61 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk

10b. KIND OF BUSINESS OR INDUSTRY Central Engraving Co.

11. BIRTHPLACE (City and state or country) Florissant, Missouri 0

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Henry B. Albers

14. MOTHER'S MAIDEN NAME Margaret Meier

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 487-20-7071

17. INFORMANT Carl H. Albers, Address 4820 Margaretta

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cirrhosis of Liver

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 581.0

19. WAS AUTOPSY PERFORMED? YES ☐ NO # 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____

Death occurred at 115 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) James M Kelly Deputy Coroner

22b. ADDRESS 1300 Clark

22c. DATE SIGNED 3-22-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 3-23-57

23c. NAME OF CEMETERY OR CREMATORY St. Ferdinand

23d. LOCATION (City, town, or county) (State) Florissant, Missouri

24. FUNERAL DIRECTOR ADDRESS WHITE CHAPEL, FERGUSON, MO.

25. DATE RECD. BY LOCAL REG. MAR 22 '57

26. REGISTRAR'S SIGNATURE J Carl Smith MD MBB

(Licensed Embalmer's Statement on Reverse Side)

securing the medical certification in the specific manner required by 193.140 Mo. Rev. Stat. 1949.

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Elena Browne

Licensed Embalmer No. 3403

P. O. Address Jennings, M

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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