

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-024007  
STATE FILE NUMBER

FILED JUN 24 1958 Registration District No. 317 Primary Registration District No. 544 Registrar's No. 1560

|  |                                  |   |   |
|--|----------------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>St Louis</b>   |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY                                      |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Kirkwood</b>   |                                  | c. CITY OR TOWN <b>St Louis</b>   |   |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |                                  | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>St Joseph Hospital</b>   |                                  | d. STREET ADDRESS (If outside, give location)<br><b>3006a Osage</b>   |   |
| Length of stay in lb <b>2 HR. 8 MIN</b>  |                                  | <b>21570</b>  |   |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Infant</b> Middle Last <b>Albes</b>  |                                  | 4. DATE OF DEATH<br>Month <b>June</b> Day <b>9</b> Year <b>1958</b>   |   |
| 5. SEX<br><b>male</b>  | 6. COLOR OR RACE<br><b>white</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>June 9, 1958</b>   |
| 9. AGE (In years last birthday)  |                                  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>NONE</b>   | 11. BIRTHPLACE (City and State or country)<br><b>Kirkwood Mo.</b>                                 |
| 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>   |                                  | 13. FATHER'S NAME<br><b>Edwin Albes</b>   |   |
| 13b. MOTHER'S MAIDEN NAME<br><b>Joan Hurst</b>   |                                  | 14. NAME OF HUSBAND OR WIFE<br><b>NONE</b>  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)<br><b>no</b>  |                                  | 16. SOCIAL SECURITY NO.<br><b>none</b>  |   |
| 17. INFORMANT<br><b>Edwin Albes</b>  |                                  | Address<br><b>3006a Osage</b>   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Prematurity</b>  |                                  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 hr 8 min</b>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) <b>776X</b>   |                                  |   |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  |                                  |   | 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 20a. ACCIDENT SUICIDE HOMICIDE<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>   |                                  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |   |
| 20c. TIME OF INJURY<br>Hour _____ Month, Day, Year _____<br>a.m. _____ p.m. _____  |                                  |   |   |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                                  | 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 <b>June 9, 1958</b> to <b>June 10, 1958</b> and last saw <sup>her</sup> <sub>him</sub> alive on <b>June 10, 1958</b><br>Death occurred at <b>12:24 A</b> on the date stated above; and to the best of my knowledge, from the causes stated. |                                  |   |   |
| 22a. SIGNATURE (Degree or title)<br><b>Francis S. Weibel M.D.</b>  |                                  | 22b. ADDRESS<br><b>5203 Chippewa SO.</b>  |   |
| 22c. DATE SIGNED<br><b>June 10, 1958</b>   |                                  |   |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>  |                                  | 23b. DATE<br><b>6/11/58</b>   |   |
| 23c. NAME OF CEMETERY OR CREMATORY<br><b>Celvary Cemetery</b>  |                                  | 23d. LOCATION (City, town, or country) (State)<br><b>St Louis Mo.</b>   |   |
| 24. FUNERAL DIRECTOR<br><b>J L Ziegenhein &amp; Sons</b>   |                                  | 25. DATE RECD. BY LOCAL REG.<br><b>6/11/58</b>  |   |
| ADDRESS<br><b>7027 Gravois</b>   |                                  | 26. REGISTRAR'S SIGNATURE<br><b>Herbert R. Dombel md</b>  |   |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related. All diseases in Part I must be causally related. No symptoms will be listed.

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 No Embalming....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed R. B. Weinheimer.....

Licensed Embalmer No. ....

P. O. Address 7077 Gavor

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.