

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

= 62-020123 -

4731 STATE FILE NUMBER

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

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

<p>FILED MAY 23 1962</p> <p>1. PLACE OF DEATH</p> <p>a. COUNTY _____</p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u> Length of stay in lb <u>7 years</u></p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>5942 Mc Pherson</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Missouri</u> b. COUNTY _____</p> <p>c. CITY OR TOWN <u>St. Louis</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <u>5942 Mc Pherson</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>				
<p>3. NAME OF DECEASED (Type or print)</p> <p style="text-align: center;">First Middle Last <u>Susie Charlotte Albers</u></p>		<p>4. DATE OF DEATH</p> <p style="text-align: center;">Month Day Year <u>May 6 1962</u></p>				
<p>5. SEX <u>F</u></p>	<p>6. COLOR OR RACE <u>W</u></p>	<p>7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <u>Sept 28 1882</u></p>	<p>9. AGE (last birthday) <u>79</u></p>	<p>IF UNDER 1 YEAR Months _____ Days _____</p>	<p>IF UNDER 24 HR Hours _____ Min. _____</p>
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u></p>		<p>10b. KIND OF BUSINESS OR INDUSTRY <u>None</u></p>		<p>11. BIRTHPLACE (City and state or country) <u>St. Louis, Mo.</u></p>		<p>12. CITIZEN OF WHAT COUNTRY <u>USA</u></p>
<p>13a. FATHER'S NAME <u>Anton Louis Albers</u></p>		<p>13b. MOTHER'S MAIDEN NAME <u>Magdalena J. Wineberg</u></p>		<p>14. NAME OF HUSBAND OR WIFE <u>---</u></p>		
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u></p>		<p>16. SOCIAL SECURITY NO. <u>None</u></p>		<p>17. INFORMANT Address (12) <u>Miss. Genevieve Albers, 5942 McPherson</u></p>		
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)</p> <p style="text-align: center;">PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <u>Dehydration & malnutrition</u></p> <p style="text-align: center;">DUE TO (b) <u>metastatic carcinoma abdomen</u></p> <p style="text-align: center;">DUE TO (c) <u>Carcinoma of ovary</u></p> <p style="text-align: center;">PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____</p> <p style="text-align: center;">PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown</p>						<p>INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u></p> <p><u>8 mon</u></p> <p><u>2 yrs</u></p>
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>	<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>175.0</u></p>				
<p>20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____</p>		<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>		<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____</p>		<p>20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____</p>
<p>21. I attended the deceased from <u>1960</u> to <u>May 6, 62</u> and last saw her <u>alive on May 6, 1962</u></p> <p>Death occurred at <u>10 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.</p>						
<p>22a. SIGNATURE (Degree or title) <u>[Signature]</u></p>			<p>22b. ADDRESS <u>52 W. 4th and Plaza</u></p>		<p>22c. DATE SIGNED <u>5/8/62</u></p>	
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u></p>	<p>23b. DATE <u>5-9-1962</u></p>	<p>23c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u></p>		<p>23d. LOCATION (City, town, or county) (State) <u>St. Louis County</u></p>		
<p>24. FUNERAL DIRECTOR ADDRESS <u>Alexander & Sons, 6175 Delmar Blvd.</u></p>			<p>25. DATE RECD. BY LOCAL REG. <u>MAY 8 1962</u></p>	<p>26. REGISTRAR'S SIGNATURE <u>Loed Smith, M.D.</u></p>		

USE BLACK INK OR TYPEWRITER RIBBON

Dr. Pranger
#52 Maryland Plaza.
Fol 3062

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 _____
Signature of Student Embalmer

Signed *J. E. McCulloch*

Licensed Embalmer No. 2400

P. O. Address 61708 Union

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.