

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

34121

1. PLACE OF DEATH

County Registration District No. **791**
 Township **1003**
 City St. Louis Mo. (No. 311 S. 14th St.) Primary Registration District No.
 St. Ward)

File No.
 Registered No. **9449**

2. FULL NAME

Frank Victor Alberto 'Alberto'

(a) Residence. No. 311 S. 14th St. St. 24th Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 1 1930

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

17. I HEREBY CERTIFY, That I attended deceased from 1930 to Oct 1 1930 that I last saw h. him alive on Oct 1 1930 and that death occurred, on the date stated above, at 11 38 m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Not known

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chemia

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
about 78

(duration) yrs. mos. ds.
13 1/2
1300

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Musician
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

CONTRIBUTORY (SECONDARY) Chronic Intestinal Nephritis
 (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Italy
 (STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED 1290
 IF NOT AT PLACE OF DEATH

10. NAME OF FATHER Not known

8 DID AN OPERATION PRECEDE DEATH DATE OF
 WAS THERE AN AUTOPSY?

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Italy
 (STATE OR COUNTRY)

WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) Ed. W. Teiber, M. D.

12. MAIDEN NAME OF MOTHER Not known

Oct 2 1930 (Address) 2037 Franklin

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Italy
 (STATE OR COUNTRY)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT A. J. Perry
 (Address) 1254 Hollidays ave

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary DATE OF BURIAL Oct 4 1930

15. FILED May 11 1931
 REGISTRAR

20. UNDERTAKER Hy Leidner Ind. Co. ADDRESS 1417 N. Market St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

