

SEP 16 1936 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

Do not use this space.

28078

1. PLACE OF DEATH

County Registration District No. **1791**
 Township Primary Registration District No. **1003**
 City **St. Louis** (No. **4433**, **Pessie Ave**) St. Ward)

File No.
 Registered No. **7162**
 St. Ward)

2. FULL NAME

(a) Residence, No. **4433 Pessie** St. **10** Ward.
 (Usual place of abode) (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

| | | |
|---|---|---|
| 3. SEX Male | 4. COLOR OR RACE White | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mathilda Albert | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 17 1863 | | |
| 7. AGE | YEARS 72 | MONTHS 1 |
| | DAYS 5 | If LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Park Dept | |
| | 10. Date deceased last worked at this occupation (month and year) June 1933 | |
| 11. Total time (years) spent in this occupation 6 yrs | | |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany | | |
| FATHER | 13. NAME Unknown | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany | |
| MOTHER | 15. MAIDEN NAME Martha Albert | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany | |
| 17. INFORMANT (ADDRESS) Mathilda Albert 4433 Pessie Ave | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE Bay View Cemetery DATE Aug 14 1936 | | |
| 19. UNDERTAKER (ADDRESS) Reiderwiden Embalden 1936 St. Louis Ave | | |
| 20. FILED AUG 24 1936 J. P. Bredeck Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug 22 1935**

22. I HEREBY CERTIFY, That I attended deceased from **Aug 8**, 19**35**, to **Aug 22**, 19**35**.
 I last saw him alive on **Aug 8**, 19**35**. Death is said to have occurred on the date stated above, at **1:10 PM**.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of tongue.

Other contributory causes of importance:
None

Name of operation **None** Date of **None**
 What test confirmed diagnosis? **None** Was there an autopsy? **None**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **None**
 If so, specify **None**.
 (Signed) **R. J. Pugley**, M. D.
 (Address) **415 8th St. St. Louis, Mo.**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

