

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.

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

23613
Do not use this space.
6307

REC'D AUG 12 1938

1. PLACE OF DEATH
(a) County.....
(b) Township.....
(c) City St. Louis
(e) Length of residence in city or town where death occurred yrs. mos. ds.

Registration District No.
Primary Registration District No. 1003
(d) Street No. Christian Hospital
(If death occurred in Hospital or Institution, write its name instead of street and number)
(f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No.

2. PRINT FULL NAME Nellie B. Albert,
(a) Residence, No. 917 Baden Avenue St. 8
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
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 Louis Albert

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 22, 1884

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>53</u>	<u>10</u>	<u>21</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

FATHER

13. NAME Baxter Ried

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER

15. MAIDEN NAME Nancy Logan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Louis Albert
917 Baden Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE New Pickers DATE July 16, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Math. Hermann & Son
2161 East Fair Avenue

20. FILED JUL 14 1938
J. Brebeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1938 to July 13, 1938
I last saw her alive on July 13, 1938. Death is said to have occurred on the date stated above, at 10:00 A. M.

The principal cause of death and related causes of importance were as follows:

Post operative adhesion, 1936
Chronic myocarditis
due to uterine fibroids,
non-malignant

Date of onset 5

Other contributory causes of importance: not known

Name of operation Hysterectomy Date of 7-9-38
What test confirmed diagnosis? Physical Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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?
If so, specify no
(Signed) H.F. Miller, M. D.
(Address) 840 N Broadway

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

Registered Apprentice No....., working under my personal supervision.

Signed.....
Henry Kempter

Licensed Embalmer No. *2967*

P. O. Address *2161 E. Fair Ave*

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 this body is not embalmed, above space should be left blank.