

AUG 25 1940
Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6347

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis,
(b) City or town St. Louis,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4518 Queens Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 7
(If outside city or town limits, write "RURAL")
(d) Street No. 4518 Queens Ave.,
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME William L. Albert, 416

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Lillian 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 2nd, 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 10 26 hr. _____ min.

9. Birthplace Lacon, Ills.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Steam Engineer.

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown 9

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown 9

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Lawrence Albert,

(b) Address 24518 Queens Ave.,

17. (a) Burial (b) Date thereof 7-30-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cem.

18. (a) Signature of funeral director By: [Signature]

(b) Address 2223 St. Louis Ave.

19. (a) JUL 29 1940 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
year 1940 hr. 4 minute 04 M.

21. I hereby certify that I attended the deceased from July 1
_____ 1940, to July 28 _____ 1940
that I last saw him alive on July 27 _____ 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature P. R. Menow (M. D. or other) MD

Address 5330 Geraldine Date signed 7/29/40

Duration

Don't know

PHYSICIAN

Underline the cause to which death should be charged statistically.

5330 Geroldson

Mt. Vernon

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.....

John P. Buckley

Licensed Embalmer No. *16740*

P. O. Address. *2223 S. Lane*

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.