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(231)

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26660

State File No. _____

FILED SEP 25 1940

Registrar's No. **6556**

Registration District No. **791**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Mos. 11 Days
(Specify whether _____)

In this community Birth
years, months or days

3. (a) PRINT FULL NAME Louise Albers **416**

3. (b) If veteran, name war None

3. (c) Social Security No. None

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

6. (b) Name of husband or wife Joseph Albers 6. (c) Age of husband or wife if alive 62 years

*7. Birth date of deceased: Sept 4, 1881
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>00</u>	<u>27</u>	hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER { 12. Name Joseph Sanders

13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Katherine Buscher

15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant John Albers

(b) Address 515 Humbolt Ave

17. (a) Burial (b) Date thereof 8/3/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) AUG 2 1940 (b) J. F. T. Prudack
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State 0 Missouri (b) County _____

(c) City or town St. Louis **8**
(If outside city or town limits, write "RURAL")

(d) Street No. 515 Humbolt Ave
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31, year 1940 hour 7:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from May, 1940 to July 31, 1940; that I last saw h. op alive on July 31, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of ovary.

Due to _____

Due to _____

Other conditions H/H
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Carcinoma of ovary & histological involvement of abdomen

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 L. W. Mulligan (M. D. _____) Address 1515 Lafayette Ave. Date signed 8/12/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

7-11-66

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 Leonard Hampton
Licensed Embalmer No. 2967
P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.