S. No. 2
I—1-4-41
. 5-17-39
P I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 19 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12371
Registration District No. 1003 — Primary Registration District No. 1003
Registrar's No. 4222

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

00
17
5

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4234 Prairie Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether years, months or days)
In this community all of life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 10 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4234 Prairie Ave. 5
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Charles Rudolph Alblinger
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Tracy Calenborn Potter
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased Nov. 15 1860 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
81	5	26	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Retired auto worker
11. Industry or business Chevolet motor Co.
MOTHER FATHER
12. Name Charles Alblinger
13. Birthplace (City, town, or county) Austria (State or foreign country)
14. Maiden name Catherine Goerke
15. Birthplace (City, town, or county) Austria (State or foreign country)
16. (a) Informant Mrs. Tracy Alblinger
(b) Address 4234 Prairie Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 15 42 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director W. A. Stock
(b) Address 2117 E. Grand
19. (a) MAY 13 1942 (Date received local registrar) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11 year 1942 hour 1 minute 15 P.M.
21. I hereby certify that I attended the deceased from 2-3-1942, 19..., to 5-11-42, 19...; that I last saw him alive on 5-10-42, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Uremia Poisoning	3½ wks
Due to Chronic Nephritis	2 yrs
Due to Senility	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature Geo. E. Gluetter (M.D.) Date signed June
Address 5-12-42 3801 L

(Licensed Embalmer's Statement on Reverse Side)

Mc Intyr

Cen 0066 -

1.30 pm

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 Frank A Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand

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, fact should be so stated above.