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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 13 1942

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 19331

Registrar's No. 5378

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
St. ANTHONY HOSPITAL 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Days. (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 24

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 3331 MISSOURI AVE.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME FRANK H. ALBENESIUS

3. (b) If veteran, name war

3. (c) Social Security No. 489-10-8761

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife AGNES ALBENESIUS

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased JAN 11 1879 (Month) (Day) (Year)

8. AGE: Years 63 Months 5 Days 10 If less than one day hr. min.

9. Birthplace St. Louis Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation PRINTER

11. Industry or business

FATHER
12. Name Frank Albenesius
13. Birthplace France (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Elizabeth Schults
15. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

16. (a) Informant Agnes Albenesius
(b) Address 3331 Missouri Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 25. 42 (Month) (Day) (Year)
(c) Place: burial or cremation New S.S. Peter & Paul

18. (a) Signature of funeral director Thorkutis & Son
(b) Address 2906 Gravoisa Ave.

19. (a) JUN 22 1942 (Date received local registrar) (b) J. F. Andeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21 year 1942 hour 6 00 P.M. minute M.

21. I hereby certify that I attended the deceased from June 19, 1942 to June 21 1942, that I last saw him alive on June 21 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Arteriosclerotic Heart Disease Auricular Fibrillation

Due to General Arteriosclerosis Chronic Nephritis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Pneumonia, Heart Disease and Nephritis

Duration 10 Days

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) No
(b) Date of occurrence None
(c) Where did injury occur? None (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? None (Specify type of place)
While at work? None (e) Means of injury None

23. Signature R. J. Powell (M. D. [redacted]) 0
Address 3720 Washington Date signed 6-22-42

(Licensed Embalmer's Statement on Reverse Side)

3720
was hung low

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 David. Van Fossan, Registered Apprentice No. ....., working under my personal supervision.

Signed David. Van Fossan

Licensed Embalmer No. 4242

P. O. Address 2906 Geariso

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.