S. No. 2
—1-4-41
5-17-39
X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 6 1942

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28482

Primary Registration District No. 1003

Registrar's No. 7965

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:
Faith Hpositai 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 days (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED: 96 8 9

(a) State Missouri (b) County St. Louis

(c) City or town Richmond Heights NR
(If outside city or town limits, write "RURAL")

(d) Street No. 1211 North & South Road
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME Bernard Albers

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male 0

5. Color or race white

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

6. (b) Name of husband or wife Ida Albers

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased February (Month) 28 (Day) 1860 (Year)

8. AGE: Years	Months	Days	If less than one day
82	6	27	hr. min.

9. Birthplace Waterloo (City, town, or county) Illinois / (State or foreign country)

10. Usual occupation Contractor

11. Industry or business retired

FATHER
12. Name Unknown
13. Birthplace unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. Edith Keller
(b) Address 1211 North & South Road

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 - 28 - 42 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director A. Kron L & U. Co
(b) Address 2707 N. Grand Blv'd

19. (a) SEP 25 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 25
year 1942 hour 4 minute 45 a.M.

21. I hereby certify that I attended the deceased from Aug 1938, 1938 to 9/25, 1942
that I last saw him alive on 9/24, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Pancreas, Gall bladder, Primary in Pancreas	3 Years
Due to Carcinoma	
Due to Carcinoma	
Other conditions Senility (Include pregnancy within 3 months of death)	
Major findings: Of operations none	
Of autopsy Yes see above	

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 .....

23. Signature John S Young (M. D. or other)
Address 2806 Hadley Date signed 9/25/42

(Licensed Embalmer's Statement on Reverse Side)

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.