

FILED OCT 14 1942 318

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 8141

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:  
4846 Lee Ave. /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Mary Albers

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife Henry 6. (c) Age of husband or wife If \_\_\_\_\_  
alive \_\_\_\_\_ years

7. Birth date of deceased Dec. 25th, 1856  
(Month) (Day) (Year)

8. AGE: Years 85 Months 9 Days 5 If less than one day \_\_\_\_\_  
hr. \_\_\_\_\_ min.

9. Birthplace: Germany \_\_\_\_\_  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Frederick Behrens

13. Birthplace Germany \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Germany \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant Frank H. Albers  
(b) Address 4846 Lee Ave.

17. (a) Burial (b) Date thereof 10/3/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cem

18. (a) Signature of funeral director Kraeger-Voss-Fix

(b) Address 3402 N. Kingshighway

19. (a) OCT 1 1942 (b) J. F. Budack  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4846 Lee Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 30th  
year 1942 hour 9 minute 5 P.M.

21. I hereby certify that I attended the deceased from Aug 1st  
1942 to Sept 30th 1942  
that I last saw her alive on Sept 30 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Anaemia  
about 18 mo's

Due to Hemorrhage cerebral  
about 14-16 hrs ago  
Due to arterial sclerosis  
of severity

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_

23. Signature J. W. Bongelmann (M. D. or other)  
Address 504 3 Vernon Ave Date signed 9/1/42

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

APR 28 1947

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 *W. W. Wilkinson*

Licensed Embalmer No. *3575*

P. O. Address.....

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.