

FILED DEC 29 1943  
Registration District No. **818**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St Louis Mo.

(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:  
City Hospital No 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 35 Years in St Louis.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

(c) City or town St Louis, **23**  
(If outside city or town limits, write "RURAL")

(d) Street No. 1038 Gever Ave.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JOSEPH ALBACH

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife Magdaline Albach 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb 21st 1866  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 14  
year 1943 hour 2 00 A.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

8. AGE: Years 77 Months 9 Days 3 If less than one day  
10 hr. \_\_\_\_\_ min.

9. Birthplace Jugoslavia  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

Immediate cause of death Lobar Pneumonia  
Primary

Due to \_\_\_\_\_

Due to 108

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

MOTHER FATHER {

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

12. Name Joseph Albach

13. Birthplace Jugoslavia  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Jugoslavia  
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Albach  
(b) Address 4129 S Grand Ave.

17. (a) Burial (b) Date thereof Dec 17/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old S.S. PETER & PAUL

18. (a) Signature of funeral director Thakotis & son  
(b) Address 2906 Gravois Ave.

19. (a) DEC 15 1943 (b) J. F. Brueck  
(Date received local registrar) (Registrar's signature)

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) Means of injury \_\_\_\_\_

23. Signature Alfred Perry (M.D. or other) \_\_\_\_\_  
Address Capitol Ground Date signed 12/15/43

FEB 24 1944

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..... *David Van Jones* .....

Licensed Embalmer No. *4242* .....

P. O. Address *2906 Grand Ave* .....

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.