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5-17-39  
PI X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JAN 7 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42076

State File No. \_\_\_\_\_

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **11170**

**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:  
**DePaul Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **5 days**  
(Specify whether years, months or days)

In this community \_\_\_\_\_

**3. (a) PRINT FULL NAME** **William N. Albatt**

**3. (b) If veteran,** name war **World #1.**

**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** **Madeleine Albatt nee Gean** **(c) Age of husband or wife if alive** **53 years**

**7. Birth date of deceased** **November 3, 1880**  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
66	1	23	hr. _____ min. _____

**9. Birthplace** **Unknown Germany**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **Laborer**

**11. Industry or business** **St. Louis Car Co.**

MOTHER FATHER

**12. Name** **John Albatt**

**13. Birthplace** **Unknown Germany**  
(City, town, or county) (State or foreign country)

**14. Maiden name** **Unknown**

**15. Birthplace** **Unknown Germany**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Mrs Madeleine Albatt**

**(b) Address** **8228a Frederick St.**

**17. (a) Burial** **(b) Date thereof** **12/30/46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** **National Cemetery Jeff. Bks.**

**18. (a) Signature of funeral director** **Math Hermann & Son**

**(b) Address** **2161 East Fair Ave.**

**19. (a) DEC 27 1946** **(b) J. F. Bredesch**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

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

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

(d) Street No. **8228a Frederick St.**  
(If rural, give location)

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

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **Dec.** day **26,** year **1946** hour **1:35 P.M.** minute \_\_\_\_\_ M. \_\_\_\_\_

**21. I hereby certify that I attended the deceased from** **Dec 21,** 19**46** to **Dec 26,** 19**46**  
that I last saw him alive on **Dec 26,** and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to **Empyema Thorax**

Due to **Chromy Occlusion**

Other conditions **95**  
(Include pregnancy within 3 months of death)

Duration

**5 days**

**6 days**

**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? \_\_\_\_\_

**23. Signature** **J. F. Bredesch** **(M. D. or other)** **MD**

**Address** **1324 S. 1st St. St. Louis, Mo.** **Date signed** **1/12/47**

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

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**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 *Richard S Burnley*  
Licensed Embalmer No. *4202*  
P. O. Address *St. Louis, Mo*

**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.**