

FILED JAN 7 1947
318

Primary Registration District No. 1003

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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:
3508 N. Jefferson 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)

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. 3508 N. Jefferson Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Herman Albers

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 Clementina Albers 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased Dec 18 Th 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 ----- 0 -- 6 -- hr. /min.

9. Birthplace Germany
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Cabnett Worker

11. Industry or business _____
MOTHER FATHER { 12. Name John Albers
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Not Known
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Clementina Albers
(b) Address 3508 N. Jefferson Ave
17. (a) Burial (b) Date thereof Dec 28 Th 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem
18. (a) Signature of funeral director Edward Hoch
(b) Address 3516 N 14 Th Str
19. (a) DEC 26 1946 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 25th
year 1946 hour 1 A. M minute 14 M.

21. I hereby certify that I attended the deceased from April, 1942, to Dec. 25th, 1946.
that I last saw him alive on Dec. 24th, 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death Parkinsons Disease Duration 4 Yrs
Due to Senility

Due to Arterio-Sclerosis
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: [Signature]
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause of death which 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) (e) Means of injury _____
23. Signature [Signature] (M. D. or other) M. D.
Address 3635 No. Newstead Ave. Date signed 12/24/46

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

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 Rex Campbell

Licensed Embalmer No. 3881

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.