

S. No. 2  
1-12-45  
7-5-17-39  
I X47070

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5949

FILED MAR 3 1947

State File No. ....

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1778

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:  
4433 Bessie Avenue  
(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:

(e) State Missouri (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 10/17  
(d) Street No. 4433 Bessie Avenue  
(If rural, give location) 9  
(e) Citizen of foreign country?..... (Yes or No) 0  
If yes, name country.....

3. (a) PRINT FULL NAME MATHILDA E. ALBERT

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

4. Sex Female 5. Color or race Wh 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years  
Theodore Albert alive..... years  
7. Birth date of deceased July 3 1865  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	81	7	16	hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER { 12. Name Joseph Reiker  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Klosterman  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Mathilda Nolde

(b) Address 4433 Bessie Ave

17. (a) Burial (b) Date thereof 2/22/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem Cem.

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

(b) Address 3402 No. Kingshighway

19. (a) FEB 21 1947 (b) J. F. Brueck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February, 19th  
year 1947 hour 7. minute 50 P. M.

21. I hereby certify that I attended the deceased from  
May 1st 1946 to Feb 19 1947  
that I last saw h. EN alive on Feb 18 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 1 wk  
Due to Arterio sclerosis ?  
Hypertension ?

Other conditions..... (Include pregnancy within 3 months of death)

Major findings: PH  
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:

(c) 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 Row M. Ewin (M.D. or other) M.D.

Address 4356 Trame av Date signed 2/20/47

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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.....

*John S. Desneky*

Licensed Embalmer No. 4194

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, fact should be so stated above.**