

3. No. 2
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5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 17 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7337
Registrar's No. 306

Registration District No. 317 Primary Registration District No. 6076

1. PLACE OF DEATH:
(a) County St. Louis, Missouri
(b) City or town Jeff Brks, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Vet Adm Hosp, Jeff Brks, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether
In this community (unknown)
years, months or days)

3. (a) PRINT FULL NAME ALBERT, Meyer
3. (b) If veteran, name war World War I
3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive 11 years
7. Birth date of deceased May 11 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 8 27 12 hr. 15 min.

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

10. Usual occupation Unknown

11. Industry or business

MOTHER FATHER
12. Name Abraham Albert
13. Birthplace Poland
(City, town, or county) (State or foreign country)
14. Maiden name Mary Peterman
15. Birthplace Poland
(City, town, or county) (State or foreign country)

16. (a) Informant Clinical Director
(b) Address VAH-Jefferson Barracks, Mo.
17. (a) burial (b) Date thereof 2/11/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth
18. (a) Signature of funeral director BERGER MEMORIAL
(b) Address 4715 McPherson, St. Louis, Mo.
19. (a) 2-11-47 (b) Ruth G. Allen
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 109
(c) City or town Wright City
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 9th
year 1947 hour 12 minute 15 P.M.
21. I hereby certify that I attended the deceased from February 7
3 1947 to February 9 1947
that I last saw him alive on February 9 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia & Exposure Duration
Due to 190-4
Due to 140

Other conditions Frost Bite
(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) 109
(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)
23. Signature Nathan Kimmelman M.D. (M. D. or other)
Address Jefferson Barracks Date signed 2/9/47

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 *Louis R. Ludwig*

Licensed Embalmer No. *4229*

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.