

FILED MAR 29 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9617
State File No. 2471

BIRTH NO. _____ REG. DIST. **318** PRIMARY REG. DIST. **1002** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, 2089	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 8 8143 Church Road.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 8143 Church Road.			

3. NAME OF DECEASED (Type or Print) Anna M Albers.			4. DATE OF DEATH (Month) (Day) (Year) Mar. 13 1952		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 2	8. DATE OF BIRTH May 26, 1866	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months Days 9 16
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY House Work	11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Klein.	13b. MOTHER'S MAIDEN NAME Not Known.	14. NAME OF HUSBAND OR WIFE Fred Albers.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Wm C. Dames.	ADDRESS 8143 Church Road.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease		INTERVAL BETWEEN ONSET AND DEATH 10 yrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? H2O

22. I hereby certify that I attended the deceased from **Jan** 19**40**, to **March 13, 1952**, that I last saw the deceased alive on **March 10, 1952**, and that death occurred at **11 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE N. J. Honich M.D.	(Degree or title)	23b. ADDRESS 8902 Revereview Blvd.	23c. DATE SIGNED 3-14-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar. 17, 1952	24c. NAME OF CEMETERY OR CREMATORY St. Charles Borromeo	24d. LOCATION (City, town, or county) (State) St. Charles MO.
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DATE REC'D BY LOCAL REG. MAR 15 1952	REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Buchholz-Koeller	ADDRESS 5967 W. Florissant
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WRITE PLAINLY—USING 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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Francis Williamson

Licensed Embalmer No. 3565

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.