

No. 300 JUL 9 1952

10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 21696
Registrar's No. 5963

| | | | | | | | |
|--|---------------------------|--|---|---|--|---|----------------|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 5963 | |
| 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. LENGTH OF STAY (In this place) 41 years | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | 21696 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis State Hospital | | | | d. STREET ADDRESS (If rural, give location) 3940 Kennerly Ave // | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) AMOS b. (Middle) ALBERT c. (Last) ALBERT | | | 4. DATE OF DEATH (Month) (Day) (Year) June 25, 1952 | | | | |
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single | 8. DATE OF BIRTH 9-7-1878 | | 9. AGE (In years last birthday) 73 | 10. MONTHS 73 | 11. DAYS 73 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brass Moulder | | 10b. KIND OF BUSINESS OR INDUSTRY Retired 41 years | | 11. BIRTHPLACE (City and State or Foreign Country) Missouri, Farmington | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Frank G. Albert | | 13b. MOTHER'S MAIDEN NAME Catherine Palmer | | 14. NAME OF HUSBAND OR WIFE ----- | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. none | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS William Albert, 9104 Olive Street Road. | | | |
| 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. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Nephritis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH 5 yrs. X | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 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) (Minute) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 593X | | | |
| 22. I hereby certify that I attended the deceased from Jan. 1, 1952, to June 25, 1952, that I last saw the deceased alive on June 25, 1952, and that death occurred at 6:55a m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Name or title) W. J. Carl, M.D. | | | | 23b. ADDRESS 5400 Arsenal St. | | 23c. DATE SIGNED 6/25/52 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE June 26, 1952 | 24c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri | | |
| DATE REC'D BY LOCAL REG. JUN 26 1952 | | REGISTRAR'S SIGNATURE J. Carl Smith M.D. | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Shepard Funeral Home, 1167 Hamilton Ave | | | |

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

m-78 (Licensed Embalmer's Statement on Reverse Side)

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 Merle Shepard

Licensed Embalmer No. 3555

P. O. Address _____

Not Embalmed

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.