

FILED AUG 11 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24198**

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

Registrar's No. **7128**

BIRTH MO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>7128</b>			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b>				b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <b>ST. LOUIS</b>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <b>ST. LOUIS</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5038 ARLINGTON</b>				e. STREET ADDRESS (If rural, give location) <b>5038 ARLINGTON</b>		<b>2079</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>WILLIAM</b>		b. (Middle) <b>J.</b>		c. (Last) <b>ALBERS</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>7 31 1954</b>			
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>12 7 1889</b>		9. AGE (In years last birthday) <b>64</b>	IF UNDER 1 YEAR Months _____ Days _____	IF OVER 1 YEAR Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>ST. LOUIS MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>			

13a. FATHER'S NAME <b>UNKNOWN</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>		14. NAME OF HUSBAND OR WIFE <b>MARY ALBERS</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>MARY ALBERS</b> ADDRESS <b>5038 ARLINGTON</b>	

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) <b>Carcinoma of the Pharynx</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 yr.</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Pharyngeal Carcinoma</b>		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		_____		_____	

19a. DATE OF OPERATION <b>1953</b>		19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>148X</b>	

22. I hereby certify that I attended the deceased from **April 27, 1954**, to **July 31, 1954**, that I last saw the deceased alive on **July 29, 1954**, and that death occurred at **3 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J. J. Sandlin</b>		23b. ADDRESS <b>949 N. Maple Bridge</b>		23c. DATE SIGNED <b>7/31/54</b>	
24a. BURIAL, CREMATION, REBURYAL (Specify) <b>BURIAL</b>		24b. DATE <b>8 2 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>CALVARY CEMETERY</b>	
		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS MISSOURI</b>			

DATE REC'D BY LOCAL REG. <b>AUG 2 1954</b>		REGISTRAR'S SIGNATURE <b>J. C. Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>STROOT &amp; CARROLL</b> ADDRESS <b>4600 NATURAL BRIDGE</b>	
--	--	--	--	---	--

(Licensed Embalmer's Statement on Reverse Side)

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.....  
Signature of Student Embalmer

Signed *M. W. Ruter*.....

Licensed Embalmer No. *4865*.....

P. O. Address *St Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.