

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16426

FILED JUN 3 1955

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1003

State File No.

4049

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>5 days</u>		c. CITY OR TOWN <u>Lemay</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Anthony Hospital</u>				STREET ADDRESS (If rural, give location) <u>931 Regina Ave.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Frank</u>		b. (Middle) <u>L.</u>		c. (Last) <u>Albers, Sr.</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>May 5, 1955</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Feb. 5, 1895</u>		9. AGE (In years last birthday) <u>60</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 12 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Florist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Albers Florist</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John B. Albers</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Rolfe</u>		14. NAME OF HUSBAND OR WIFE <u>Florence Albers</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>494-03-1986</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Florence Albers, 931 Regina Ave.</u>			
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) <u>Acute Lymphogenous Leukemia</u> ANTECEDENT CAUSES DUE TO (b) <u>Lymphosarcoma</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 <u>4 weeks</u> <u>2 years & 4 months</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>2040</u>				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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan. 16, 1953</u> , to <u>May 5, 1955</u> , that I last saw the deceased alive on <u>May 4, 1955</u> , and that death occurred at <u>6:50 a.m.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>A. H. Peters</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>4145 a S. Grand Blvd.</u>		23c. DATE SIGNED <u>5/6/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/9/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olive Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lemay 23, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>MAY 6 1955</u>		EMBALMER'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Fendler Und.Co, 7420 Michigan Ave.</u>			

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

Dr. Peters
Grand. Maramee
1 to 3

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 *W. G. Peterson*

Licensed Embalmer No. *376*

P. O. Address *7420 Michigan*

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.