

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **2560**  
#1

FILED JAN 17 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

|  |  |   |   |
|--|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE<br><b>Missouri</b><br>b. COUNTY |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>ST. LOUIS, MISSOURI</b> |  | c. CITY OR TOWN<br><b>St Louis</b>  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>ST. LOUIS CITY HOSPITAL #1.</b>                              |  | e. STREET ADDRESS (If rural, give location)<br><b>1627 Belt Ave</b> <b>20690</b>  |   |

|                                     |                           |                               |                             |   |
|-------------------------------------|---------------------------|-------------------------------|-----------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First)<br><b>PAUL</b> | b. (Middle)<br><b>ANTHONY</b> | c. (Last)<br><b>ALBIETZ</b> | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>JANUARY 1, 1956</b> |
|-------------------------------------|---------------------------|-------------------------------|-----------------------------|---|

|                       |                                  |  |                                     |  |                         |                           |                          |
|-----------------------|----------------------------------|--|-------------------------------------|--|-------------------------|---------------------------|--------------------------|
| 5. SEX<br><b>Male</b> | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Never married</b> | 8. DATE OF BIRTH<br><b>2/3/1893</b> | 9. AGE (In years last birthday) Months Days<br><b>62</b> | IF UNDER 1 YEAR<br>Days | IF UNDER 24 HRS.<br>Hours | IF UNDER 1 MIN.<br>Mins. |
|-----------------------|----------------------------------|--|-------------------------------------|--|-------------------------|---------------------------|--------------------------|

|  |                                   |   |  |
|--|-----------------------------------|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Self Emp</b> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>St Louis Mo.</b> | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b> |
|--|-----------------------------------|---|--|

|   |  |  |
|---|--|--|
| 13a. FATHER'S NAME<br><b>Joseph Albietz</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Mary Drendla</b> | 14. NAME OF HUSBAND OR WIFE<br><b>None</b> |
|---|--|--|

|  |  |  |                                   |
|--|--|--|-----------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>Yes W.W # 1</b> | 16. SOCIAL SECURITY NO.<br><b>None</b> | 17. INFORMANT'S SIGNATURE OR NAME<br><b>Pete Albietz</b> | ADDRESS<br><b>6313 Bartmer Av</b> |
|--|--|--|-----------------------------------|

|   |   |  |                                  |
|---|---|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)<br><b>CARCINOMA OF URINARY BLADDER</b>   |  | INTERVAL BETWEEN ONSET AND DEATH |
|   | ANTECEDENT CAUSES<br><b>WITH METASTASES</b>   |  |                                  |
|   | Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____ |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><b>1812</b>  |   |  |                                  |

|                        |  |  |
|------------------------|--|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION<br><b>CA. OF BLADDER WITH EXTENSION TO RECTUM CAUSING OBSTRUCTION</b> | 20. AUTOPSY?<br>YES <input 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) 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 **12-4**, 1955, to **1-1**, 1956, that I last saw the deceased alive on **JAN. 1, 1956**, and that death occurred at **10:30M** m., from the causes and on the date stated above.

|  |                   |  |                                    |
|--|-------------------|--|------------------------------------|
| 23a. SIGNATURE<br><b>Samuel R. Joseph M.D.</b> | (Degree or title) | 23b. ADDRESS<br><b>1515 LAFAYETTE AVE.</b> | 23c. DATE SIGNED<br><b>1-2-56.</b> |
|--|-------------------|--|------------------------------------|

|  |                            |  |  |
|--|----------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 24b. DATE<br><b>1-4-56</b> | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Resurrection Cemetery</b> | 24d. LOCATION (City, town, or county) (State)<br><b>St Louis Mo.</b> |
|--|----------------------------|--|--|

|   |   |  |   |
|---|---|--|---|
| DATE REC'D BY LOCAL REG.<br><b>JAN 3 1956</b> | REGISTRAR'S SIGNATURE<br><b>J. Earl Smith, M.D.</b> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>Jos W Clark</b> | ADDRESS<br><b>Funeral Home Inc<br/>1125 Hodiament Ave</b> |
|---|---|--|---|

**M. J. 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.....  
*John J. Haines*

Licensed Embalmer No. *4108*

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