

FILED FEB 25 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5958  
State File No. 1127  
Registrar's No.

318

1003

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_

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

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 town) <b>St. Louis, Missouri</b>		c. LENGTH OF STAY (In this place) <b>3 YRS-3 Mo.</b>		c. CITY OR TOWN <b>St. Louis,</b>		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 (If not in hospital or institution, give street address or location) <b>26 St. Louis Chronic Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>2267 2415 N. 9th St.</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Jake</b>			b. (Middle)		c. (Last) <b>Alberson</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>February 2—57</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify?) <b>3 Divorced</b>		8. DATE OF BIRTH <b>April 4, 1891</b>		9. AGE (In years last birthday) <b>65</b> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 4 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri.</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Fate Alberson.</b>			13b. MOTHER'S MAIDEN NAME <b>Malissa Esthers.</b>			14. NAME OF HUSBAND OR WIFE <b>Mrs. Stella Long</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>unknown</b>			16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Stella Long 2415 N. 9th St.</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>Cerebral Thrombosis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral Arteriosclerosis</b>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>332x</b>						INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b> <b>?</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? <b>2</b> 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 <b>10-2-</b> , 19 <b>53</b> , to <b>2-2-</b> , 19 <b>57</b> , that I last saw the deceased alive on <b>2-2-</b> , 19 <b>57</b> , and that death occurred at <b>1:15 A.M.</b> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>John Niederwimmer, M.D.</b>				23b. ADDRESS <b>5800 Arsenal St. Louis</b>				23c. DATE SIGNED <b>2/2/57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		24b. DATE <b>2-5-57</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Trinity Lutheran Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>			
DATE REC'D BY LOCAL REG. <b>FEB 4 '57</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith MD</b> <i>mjb</i>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>McLaughlin's F. Home, Inc. 2301 Lafayette Av</b>				

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 *L B Cooper*.....

Licensed Embalmer No.....3633  
2301 Lafayette  
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.