

XO- 1722513

SL- 13171 FILED APR 15 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

1003

STATE FILE NUMBER

9833

3075

Registration District No. Primary Registration District No. Registrar's No.

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N. GRAND, ST. LOUIS, MO		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 35 VET. ADM. HOSPITAL		Length of stay in lb 3 DAYS	d. STREET ADDRESS 3806 CALIFORNIA		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First EUGENE Middle B Last ALBERTER			4. DATE OF DEATH Month 3 Day 28 Year 57		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH 11-8-88	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FATHER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) CARROLLTON, PENNSYLVANIA	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME JOHN ALBERTER			14. MOTHER'S MAIDEN NAME CATHERINE BENDER		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW I		16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT Address MISSOURI, VA HOSP. RECORDS, 915 N GRAND, ST. LOUIS.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SUFFICATION DUE TO ASPIRATION OF VOMITUS					INTERVAL BETWEEN ONSET AND DEATH 5-10 MIN.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) ACUTE INTESTINAL OBSTRUCTION					
DUE TO (c) INFARCTION OF INTESTINES DUE TO VASCULAR OCCLUSION					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I.(a).					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 570.2			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. / attended the deceased from 3-25-57 , to 3-28-57 and last saw him live on 3-28-57 Death occurred at 3:55 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Wm. D. Ashworth (Degree or title) William D. Ashworth			22b. ADDRESS M. D. VAH, ST. LOUIS, MISSOURI.		22c. DATE SIGNED 3-28-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 4/1/57	23c. NAME OF CEMETERY OR CREMATORY National Cem.		23d. LOCATION (City, town, or county) (State) Jefferson Bks. Mo
24. FUNERAL DIRECTOR Edward Fendler 5611 South Grand Blv. d			25. DATE RECD. BY LOCAL REG. MAR 29 '57		26. REGISTRAR'S SIGNATURE Carl Smith MO

MISSOURI STATE BOARD OF HEALTH
STATE OF MISSOURI

DEPARTMENT OF HEALTH

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MISSOURI

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STATE OF MISSOURI

STATEMENT BY LICENSED EMBALMER

MISSOURI STATE BOARD OF HEALTH

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 _____
Licensed Embalmer No. 2679

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P. O. Address 5611 S. Grand

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.