V.S. No. 300
Rev. 10.40

FILED DEC 30 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 45550

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11530

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS
c. LENGTH OF STAY (in this place): 3 WKS.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 09 DE PAUL HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: ST. LOUIS
c. CITY OR TOWN: FLORISSANT 4002
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 27

3. NAME OF DECEASED (Type or Print)
a. (First): JOHANNA
b. (Middle): —
c. (Last): ALBERS

4. DATE OF DEATH (Month) (Day) (Year): NOV. 29 1957

5. SEX: F 1
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED 2
8. DATE OF BIRTH: APRIL 28, 1870
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and State or Foreign Country): HANOVER, GERMANY 4
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: HENRY ABELN
13b. MOTHER'S MAIDEN NAME: ELIZABETH —
14. NAME OF HUSBAND OR WIFE: HENRY B. ALBERS, DECEASED.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: MRS. BERTHA HENDEL, FLORISSANT, MO — ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: -?

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Fracture, left hip — 3 wks
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Cerebral Vascular accident — 3 wks

19a. DATE OF OPERATION: Nov. 12 - 57
19b. MAJOR FINDINGS OF OPERATION: Fracture, neck of left femur — E903.0 20
20. AUTOPSY? YES ☐ NO ☒ 2

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home 27
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St. Louis Co., Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 4c

22. *I hereby certify that I attended the deceased from* Nov 1 - *, 19*55*, to* Nov 29 *, 19*57*, that I last saw the deceased alive on* Nov 29 *, 19*57*, and that death occurred at* 11:55 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: John G. McSwiney (Degree or title): MA
23b. ADDRESS: 5014 Thekla Av
23c. DATE SIGNED: 12/2/57

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 12-3-1957
24c. NAME OF CEMETERY OR CREMATORY: SACRED HEART
24d. LOCATION (City, town, or county) (State): FLORISSANT, MO.

DATE REC'D BY LOCAL REG.: DEC 2 57
REGISTRAR'S SIGNATURE: J. Earl Smith M.D. M.J.B.
25. FUNERAL DIRECTOR'S SIGNATURE: Gene S. Hutchens — ADDRESS: FLORISSANT, MO

(Licensed Embalmer's Statement on Reverse Side)

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

Queried, left from standard Pontiac to Flora at home

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Gene A Hutchens

Licensed Embalmer No. 4966

P. O. Address Florissant, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu 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.