

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019440
STATE FILE NUMBER
5762

FILED JUN 11 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5762

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Alton <i>81208</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hospital		Length of stay in lb 9 days	d. STREET ADDRESS (If outside, give location) 32 800 Milton Road
3. NAME OF DECEASED (Type or print) First HERMAN Middle B. Last ALBERS			4. DATE OF DEATH Month June Day 3 Year 1958
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 16, 1903
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) mechanic		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 55 IF UNDER 1 YEAR Months 1 Days 17 IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (City and state or country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Henry Albers		13b. MOTHER'S MAIDEN NAME Catherine Maurer	14. NAME OF HUSBAND OR WIFE Eula Stinnett
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Eula Albers Address Alton, Ill.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) post-operative acute cor pulmonale anoplastic carcinoma of lung. DUE TO (b) anoplastic carcinoma of lung DUE TO (c) 163* OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) pulmonary infarct pneumothorax, left 6/2/58			INTERVAL BETWEEN ONSET AND DEATH 10 days 4 mos
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month Day Year a.m. p.m. 		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 5-27-58		20f. CITY, TOWN, OR LOCATION COUNTY STATE 6-3-58	
21. I attended the deceased from 5/21/58 to 6/3/58 and last saw her alive on 6/3/58 Death occurred at 145 1:45 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Martin Bergmann (Degree or title) M.D.		22b. ADDRESS 4500 Olive St.	22c. DATE SIGNED 6/3/58
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE June 6 1958	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
23d. LOCATION (City, town, or county) St. Louis, Missouri		23e. (State)	
24. FUNERAL DIRECTOR Bromschwig and Son/ W Florissant		25. DATE RECD. BY LOCAL REG. JUN 3 '58	26. REGISTRAR'S SIGNATURE J. Paul Smith, M.D.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

300
1-57

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 Edmond H. Remelius
Licensed Embalmer No. 4283
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.