Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-002664

STATE FILE NUMBER 2 917

LD 10 195 Registration District No. ____ Primary Registration District No. ____ Registrar's No. ____

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY
b. CITY OR TOWN St. Louis — Inside Limits Yes ☐ No ☐	c. CITY OR TOWN St. Louis — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 3210 Taft — Length of stay in Ib	d. STREET ADDRESS (If outside, give location) 3210 Taft — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)	First: William	Middle: H.	Last: Albers	4. DATE OF DEATH	Month: 1	Day: 25	Year: 1959
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: 9--10--1894	9. AGE (In years last birthday): 64	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): Cashier	10b. KIND OF BUSINESS OR INDUSTRY: Caat & Clark Corp.	11. BIRTHPLACE (City and state or country): St Louis	12. CITIZEN OF WHAT COUNTRY?: U.S.A.				
13a. FATHER'S NAME: Bernard Albers	13b. MOTHER'S MAIDEN NAME: Johanna Kathmann	14. NAME OF HUSBAND OR WIFE: Marie Shulte Albers					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): W W I (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 489-03-3478	17. INFORMANT: Marie Albers 3210 Taft	Address				

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Coronary Occlusion — few hrs

Conditions, if any, which gave rise to the cause (a), stating the underlying cause last. DUE TO (b) ____

DUE TO (c) ____ 420.1

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 ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1956 to 1959 and last saw her/him alive on 1958 Oct

Death occurred at 10:30 PM 1/25/59 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE D D Michael (Degree or title) MD — 22b. ADDRESS 81 Olive — 22c. DATE SIGNED 1/27/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 23b. DATE: 1-28-1959 — 23c. NAME OF CEMETERY OR CREMATORY: St. Peter & Paul Cem. — 23d. LOCATION (City, town, or county) (State): St. Louis Mo.

24. FUNERAL DIRECTOR: Wingbermuehle — ADDRESS: 3819 S. Grand Bl — 25. DATE RECD. BY LOCAL REG.: JAN 27 '59 — 26. REGISTRAR'S SIGNATURE: Earl Smith MD MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 Geo Kringlermuehle Jr.

Licensed Embalmer No. 4611

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.