Health, Welfare Public Service

300
1-57

4
0

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 59-018891

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 5036

FILED JUN 4 1959

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St.Louis — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Firmin Desloge — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St.Louis — Inside Limits: Yes [ ] No [ ]
d. STREET ADDRESS (If outside, give location): 3417 Virginia — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: William — Middle: F — Last: Albright

4. DATE OF DEATH: Month: May — Day: 23 — Year: 1959

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: Sep 8 1880

9. AGE (In years last birthday): 78 — 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): Machinist

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): St.Joseph Mo

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Fred Albright

13b. MOTHER'S MAIDEN NAME: Anna Scherer

14. NAME OF HUSBAND OR WIFE: Mary Schuth Albright

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.: 489-05-4376

17. INFORMANT: Mary Albright — Address: 3417 Virginia

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute Bronchitis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Hemophilus Influenza & Candida Albicans
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH: 4 Weeks.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Generalized Arteriosclerosis 0644

19. WAS AUTOPSY PERFORMED? YES [X] 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 Oct 8, 1946, to May 23 and last saw her/him alive on May 22, 1959
Death occurred at 10:15 A.m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): G O Brown M.D.

22b. ADDRESS: 1325 S. Grand St Louis 4, Mo

22c. DATE SIGNED: 5/23/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: May 26 59

23c. NAME OF CEMETERY OR CREMATORY: SS Peter & Paul

23d. LOCATION (City, town, or county) (State): St.Louis Mo

24. FUNERAL DIRECTOR — ADDRESS: E.J.Schnur 3125 Lafayette

25. DATE RECD. BY LOCAL REG.: MAY 25 '59

26. REGISTRAR'S SIGNATURE: Earl Smith. M.D. MYB

(Licensed Embalmer's Statement on Reverse Side)

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.

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 Jos B Vollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette

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.