

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-013697

FILED VS MAR 30 1960

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 762

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY St. Louis		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 St. Ferdinand Twp		c. CITY OR TOWN St. Ferdinand Twp	
Length of stay in 1b 8 yr		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R#1 Box 584A Old Jamestown		d. STREET ADDRESS (If outside, give location) R#1 Box 584A Old Jamestown Rd	
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First FRED Middle ALBERS Last ALBERS			4. DATE OF DEATH Month March Day 3rd , Year 1960		
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 6/29/76	9. AGE (last birthday) 83	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and state or country) Germany		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Fred Albers		13b. MOTHER'S MAIDEN NAME not known		14. NAME OF HUSBAND OR WIFE Caroline Albers	

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. 496-28-9823	17. INFORMANT Caroline Albers, R#1 Box 584A, Florissant, M
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary edema and congestive heart failure		INTERVAL BETWEEN ONSET AND DEATH 2 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Myocardial infarction		3 days
DUE TO (c) Arteriosclerosis, generalized		20 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) none		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> s.m. <input type="checkbox"/> Month, Day, Year <input type="checkbox"/> p.m. <input type="checkbox"/>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input 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. I attended the deceased from **November, 1959** to **present** and last saw ^{her} ~~him~~ **live on March 3, 1960**
Death occurred at **2:45 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

21a. SIGNATURE (Degree or title) John Smathers, M.D.	21b. ADDRESS 751 St. Francois, Florissant, Mo.	21c. DATE SIGNED 3/4/60.
22a. BURIAL, CREMATION, REMOVAL (Specify) burial	22b. DATE 3/7/60	22c. NAME OF CEMETERY OR CREMATORY Salem E. Luth. Cemetery
22d. LOCATION (City, town, or county) St. Louis Co., Mo.		(State)

24. FUNERAL DIRECTOR DIEDRICH FUNERAL HOME, 8319 Hallsferry	ADDRESS	25. DATE RECD. BY LOCAL REG. 3-5-60	26. REGISTRAR'S SIGNATURE John C. Murphy, M.D.
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Elmer P. Sader

Licensed Embalmer No. 407

P. O. Address St. Louis

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.