URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-029199
STATE FILE NUMBER

FILED JUL 3 2 1960

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1995

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Affton — Length of stay in Ib: YRS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Miller Nursing Home — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo b. COUNTY: St. Louis
c. CITY OR TOWN: Affton — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 4854 Tieman — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: Emma Middle: Last: Albers
4. DATE OF DEATH: Month Day Year: 6/30/60
5. SEX: F
6. COLOR OR RACE: W
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH: 6/11/1872
9. AGE (last birthday): 88 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: 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: HOME
11. BIRTHPLACE (City and state or country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: William Latal
13b. MOTHER'S MAIDEN NAME: Barbara Marik
14. NAME OF HUSBAND OR WIFE: Joseph B. -------
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: Ray Albers, 4854 Tieman, Affton, Mo.

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): Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerosis generalized — Unknown
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☑ No ☐ Unknown

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 May 10, 1957 to June 30, 1960 and last saw her/him alive on 6-28-60
Death occurred at 8:00Am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Melvin R. Wilucki MD (Degree or title)
22b. ADDRESS: 8916 Gravois
22c. DATE SIGNED: 7-1-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 7/2/60
23c. NAME OF CEMETERY OR CREMATORY: SS. Peter & Paul
23d. LOCATION (City, town, or county) (State): St. Louis, Mo.

24. FUNERAL DIRECTOR: John L. Ziegenhein & Sons, 7027 Gravois — ADDRESS
25. DATE RECD. BY LOCAL REG.: 7-1-60
26. REGISTRAR'S SIGNATURE: John E. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT 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

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed C. P. Kidwell

Licensed Embalmer No. 3877

P. O Address 7027 Grav

Note· The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.