

FILED VS FEB 9 1967 318

1003

922

STATE FILE NUMBER

AMENDED

Registration District No. 1967 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 Jefferson	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		Length of stay in 1b 13 days	c. CITY OR TOWN High Ridge
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hosp		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Box 446, Route 1.
3. NAME OF DECEASED (Type or print) First Middle Last William B Allbert			4. DATE OF DEATH Month Day Year Jan 28 1967
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 9/3/1876
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Postal Employee		10b. KIND OF BUSINESS OR INDUSTRY U.S. Post Office	9. AGE (last birthday) 84
11. BIRTHPLACE (City and state or country) Wahoo, Nebraska		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME John Phillip Allbert		13b. MOTHER'S MAIDEN NAME Sarah Ann Vermillion	14. NAME OF husband OR WIFE Mary Allbert
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes		16. SOCIAL SECURITY NO. Spanish American none	17. INFORMANT Box 446, R 1. Mary Allbert, High Ridge, Mo.
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 DUE TO (b) ARTERIOSCLEROSIS DUE TO (c) 332x Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 a.m. p.m. Month, Day, Year			
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 JAN 16, 1967 to JAN 28, 1967 and last saw her him alive on JAN 28, 1967 Death occurred at 5:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Paul M. Larson, M.D.		22b. ADDRESS 100 N. Euclid	22c. DATE SIGNED 1/30/67
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan 31st 67	23c. NAME OF CEMETERY OR CREMATORY Valhalla	23d. LOCATION (City, town, or county) St. Louis County (State)
24. FUNERAL DIRECTOR FROHWITTER-MILLER, INC.		ADDRESS High Ridge Missouri	25. DATE RECD. BY LOCAL REG. JAN 30 1967
26. REGISTRAR'S SIGNATURE Loan Smith, M.D.			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

Dr. Paul Larson 1:30 - 3:00
100 N. Euclid
To 1-0717

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 Neville B. Frohwitter

Licensed Embalmer No. 3696

P. O. Address High Ridge,

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.