

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

35024

**1. PLACE OF DEATH**

County St. Louis Registration District No. 1170 File No. 263  
 Township St. Louis (W) Primary Registration District No. 62484 Registered No. 263  
 City St. Louis (W) (No. 7433) Wise Ave St. Richmond Heights (Ward)

**2. FULL NAME**

Wm Albertin  
 (a) Residence. No. 7433 Wise Ave St. Richmond Heights Ward. 1  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Albertin

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mich 4 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
58 6 17

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Shoe Worker  
 (b) General nature of industry, business, or establishment in which employed (or employer) Brown Shoe Co.  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

10. NAME OF FATHER Wm Albertin

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Emma Albertin  
 (Address) 7433 Wise Ave.

15. FILED 10/22 1929 L G Jensen REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 21 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 5, 1929, to Oct 21, 1929 that I last saw him alive on Oct 19, 1929, and that death occurred, on the date stated above, at 10:20 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

UGB Cancer of stomach

(duration) 1 yrs. 0 mos. 0 ds.

CONTRIBUTORY (SECONDARY) UGB (duration) 1 yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED L IF NOT AT PLACE OF DEATH. L

19. DID AN OPERATION PRECEDE DEATH? no DATE OF no WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical  
 (Signed) Frank R. ...  
10/21, 1929 (Address) 3701 ...

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL California Inc. DATE OF BURIAL 10/23 1929

20. UNDERTAKER Thos. W. ... ADDRESS 1936 St. Louis

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

89  
10

96  
1929  
6

