

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. 702
 Township Primary Registration District No. 1008
 City St. Louis Mo. (No. Sanitarium) St. Ward)

File No. 17665
 Registered No. 4605

2. FULL NAME

Antoinette Albrecht
 (a) Residence, No. 1505 So. 10th St., 13 Ward.
 (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 36 yrs. + mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Heinrich Albrecht

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 25, 1851

7. AGE YEARS MONTHS /DAYS IF LESS than 1 day, hrs. or min.
81 - 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown? Bohemia

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bohemia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bohemia

17. INFORMANT (ADDRESS) Vernon J. Mandell 5400 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Peter & Paul DATE 5-11 1932

19. UNDERTAKER (ADDRESS) M. C. Mandell 1956 Alton

20. FILED MAY 11 1932 May J. Starbuck Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-9 1932

22. I HEREBY CERTIFY That I attended deceased from July 1 1930, to May 9 1932
 I last saw her alive on May 9 1932 Death is said to have occurred on the date stated above, at 9:38 p.m.
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset July 1, 1930
930
1078
97

Other contributory causes of importance: Generalized Arterio-Sclerosis 1
Bronchio-Pneumonia July 1930
25/1/32

Name of operation Date of
 What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify Julius J. Ferneuil, M. D.
 (Address) 5400 Arsenal St.

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.

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