

REC'D SEP 12 1938

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

26855

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **2014a Gravois Ave.** St. **6869**
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Anna Albrecht** **416**

(a) Residence, No. **2014a Gravois Ave.** St. **23**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widow**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Robert Albrecht**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April, 15-1874.**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 3 17

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **At Home**
9. Industry or business in which work was done, as 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) **Germany**13. NAME **Charles Albrecht**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**15. MAIDEN NAME **Wilhelmina Albrecht**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**17. INFORMANT **Fred Albrecht**
(ADDRESS) **3548 Giles Ave;**18. BURIAL, CREMATION, OR REMOVAL PLACE **Lakewood Park** DATE **Aug. 4th. 1938**19. FUNERAL DIRECTOR **Wacker-Helderle**
(ADDRESS) **2331 S. Broadway**20. FILED **AUG 8 1938** **J. B. Brudeck** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **August, 1st. 1938**

22. HEREBY CERTIFY, That I attended deceased from **July 23**, 19**38**, to **Aug 1**, 19**38**
I first saw h.c. alive on **July 31**, 19**38**. Death is said to have occurred on the date stated above, at **9:20 A.M.**
The principal cause of death and related causes of importance were as follows:

Chr. Myocarditis Date of onset
Diabetes Mellitus

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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?
If so, specify **Jeon J. Metz!**
(Signed) **Good** M. D.
(Address) **Brudeck**

STATEMENT BY LICENSED EMBALMER

I, Frank J. Stylaud., Licensed Embalmer No. 2645
hereby certify that the body recorded on the reverse side of this certificate was embalmed by

..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed Frank J. Stylaud.
Licensed Embalmer No. 2645

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.)