

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

I X12004
50M-7-20-37

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.

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

OCT 12 1938

791
1003

30504
Do not use this space.

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City St. Louis (d) Street No. Infirmary City (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.

Registration District No.
Primary Registration District No.
Registered No. **7941**

2. PRINT FULL NAME

Leonard Albrecht
(a) Residence, No. Infirmary City St. 13 (If non-resident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male **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 Katherine Albrecht

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 30 1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
81 4 7

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Attendant
9. Industry or business in which work was done, as saw mill, bank, etc. Infirmary
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) St. Louis Mo.

FATHER
13. NAME Jacob Albrecht

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

MOTHER
15. MAIDEN NAME Not Known

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

17. INFORMANT Geo. Hermansdoerfer
(ADDRESS) 4001 Giles

18. BURIAL, CREMATION, OR REMOVAL
PLACE New St. Marcus DATE Sept. 9th, 1938

19. FUNERAL DIRECTOR Wm. Schumacher
(ADDRESS) 3013 Meramec St.

20. FILED 19 SEP 8 1938
J. F. Buddeck Local Registrar

No Autopsy
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 6 1938

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at 4:10 P.M.

The principal cause of death and related causes of importance were as follows:

Hemorrhage due to rupture of duodenal ulcer.

Other contributory causes of importance:
Arteriosclerosis

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

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.....
(Signed) Alfred J. Perry M. D.
(Address) Deputy Coroner

STATEMENT BY LICENSED EMBALMER

I, Clarence Rochow, Licensed Embalmer No. 3093

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 Clarence Rochow

Licensed Embalmer No. 3093

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.)