DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23846

REC'D AUG 11 1939

Registration District No. 791

Primary Registration District No.

Registrar's No. 6119

1. PLACE OF DEATH: 1003

(a) County

(b) City or town St. Louis,
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4025 Juniata St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 16
(If outside city or town limits, write "RURAL")

(d) Street No. 4025 Juniata St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME 416 Theresa A. Albrecht

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Joseph F. Albrecht

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased March (Month) 5, (Day) 1860 (Year)

8. AGE: Years 79 Months 4 Days 5 If less than one day hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Louis Koch
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Elizabeth Leindecker
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant's own signature Anna S. Albrecht
(b) Address 4025 Juniata St

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7/13/39 (Month) (Day) (Year)
(c) Place: burial or cremation SS. Peter & Paul Cem.

18. (a) Signature of funeral director Oscar J. Hoffmeister.
(b) Address 4016 Chippewa St.

19. (a) JUL 11 1939 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10
year 1939 hour 11 minute 30 a M.

21. I hereby certify that I attended the deceased from Oct 24-35
Oct 24, 1935 to July 10, 1939
that I last saw him alive on July 10, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Sigmoid & rectum

Due to Primary seat sigmoid

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following: None
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Philip Schuck (M. D. or other) (SCHUCK)
Address 1703 S Grand Date signed 7-11-39

(Licensed Embalmer's Statement on Reverse Side)

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.

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Ernest W. Spillers

Licensed Embalmer No. 4080

P. O. Address 3528 Russell Ol

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 this body is not embalmed, above space should be left blank.