

Registration District No. 791 Primary Registration District No. _____

1. PLACE OF DEATH: 1000
(a) County 2
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4805 Allemania
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 40 yrs. years, months or days

3. (a) PRINT FULL NAME Julia Albrecht
3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife William 6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased September 13 1869
(Month) (Day) (Year)

8. AGE: Years 70 Months 2 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Nashville Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business none

MOTHER FATHER { 12. Name Lizzenberry
13. Birthplace unknown
(City, town, or county) (State or foreign country)

{ 14. Maiden name unknown
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Tom Albrecht
(b) Address 4805 Allemania

17. (a) Burial (b) Date thereof Nov. 22 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marcus Cemetery

18. (a) Signature of funeral director John L. Ziegenhain
(b) Address 7027 Gravois Ave.

19. (a) NOV 21 1939 (b) _____
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 1
(c) City or town St. Louis 2
(If outside city or town limits, write "RURAL")
(d) Street No. 4805 Allemania
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 19
year 1939 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from Nov 15 1939 to Nov 17 1939; that I last saw her alive on Nov 17 1939 and that death occurred on the date and hour stated above.

Immediate cause of death Heart Valves regurgitation Bicuspid & Tricuspid Dilatation Duration 5 yrs
Due to Not known

Other conditions Bronchitis
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(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? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature Harren Heyenga (M. D. or other)
Address 6639 S. Kingshighway Date signed 11/21/39

WHILE FILLING IN USE UNFADING BLACK INK—MAKE 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.

1 X1951

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.....

G. P. Kidwell

Licensed Embalmer No.....

3877

P. O. Address.....

6937th Travis

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.