

8651

2134

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

Registration District No.

Primary Registration District No.

WRITE PLAINLY—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. PLACE OF DEATH:

(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:
3547 a Arsenal *2*
(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)

3. (a) PRINT FULL NAME Bertha G. Albrecht

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Wm. Albrecht 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased May 29 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 9 2 hr. min.

9. Birthplace London England
(City, town, or county) (State or foreign country)

10. Usual occupation House Work

11. Industry or business At Home

MOTHER FATHER
12. Name Frederick P. Marx
13. Birthplace Germany
(City, town, or county) (State or foreign country)

MOTHER FATHER
14. Maiden name Bertha Herold
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature B. Albrecht
(b) Address 3547 Arsenal St.

17. (a) Cremation (b) Date thereof 43-4-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Wm. Schumacher
(b) Address 3013 Meramec St.

19. (a) MAR 4 1941 (b) *[Signature]*
(Date and local registrar's initials)

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. 3547 Arsenal
(If rural, give location)
(e) If foreign born, how long in U. S. A. 40 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2
year 1940 hour 4 minute 00 P. M.

21. I hereby certify that I attended the deceased from March
1939, to March 22, 1940.
that I last saw h er alive on 2/20/40, 1940.
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Breast
(Rt.) c metastases
Duration 1 year
Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings: NONE
Of operations.....
Of autopsy..... NONE
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 Geo. A. Hanson (M. D. or other) M.D.
Address 3651 Gravel Sq. Date signed 3/2/40

Rev. 5-17-39
U.S. GOVERNMENT PRINTING OFFICE: 1938

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.....

Clarence J. Rochow

Registered Apprentice No.

working under my personal supervision.

Signed

Clarence Rochow

Licensed Embalmer No. 3093

P. O. Address 3013 Meramec St.

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.

Clarence Rochow