

No. 2  
-1-4-41  
-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED MAY 13 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12819  
3249  
Registrar's No.

Registration District No. 791

Primary Registration District No. 1003

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:  
3713 N 11 Th Str  
(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 MO (b) County \_\_\_\_\_

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

(d) Street No. 3713 11 Th Str  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Louis Albrecht

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 333-03-3859

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Marie Albrecht 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased April 1 St 1875  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

65 ----- 0 -- 12 - ..... hr. .... min.

9. Birthplace New York \_\_\_\_\_  
(City, town, or county) (State or foreign country)

10. Usual occupation Steel Worker

11. Industry or business Natl Stamping Co

12. Name Louis Albrecht

13. Birthplace Germany \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace Not known \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant Marie Albrecht

(b) Address 3716 N 11 Th

17. (a) Burial (b) Date thereof April 16 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Edward Koch

(b) Address 3516 N 14 Th St

19. (a) APR 15 1941 (b) J. F. Bredek  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13  
year 1941 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from January 4 1941 to April 13 1941  
that I last saw h \_\_\_\_\_ alive on April 11 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocar- Duration  
dites, Cerebrus of the  
river, Chronic Bronchitis 3 years  
Due to Chronic nephritis.

Other conditions \_\_\_\_\_  
(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 Nicolaw Rlyck (M. D. or other) \_\_\_\_\_  
Address 1105 Salsbury Date signed 4-14-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

D  
10  
7  
9

**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 *Harry J. Schumacher*

Licensed Embalmer No. *2679*

P. O. Address *732 Lancy*

**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, fact should be so stated above.**