

S. No. 2  
I-1-4-41  
5-17-39  
X 26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED JUN 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16740

Registration District No. 7911

Primary Registration District No. 1003

Registrar's No. 4258

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: 2722 CAROLINE 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 COO  
(c) City or town ST. LOUIS 227  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2722 CAROLINE ST. 9  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 20  
year 1941 hour 12 minute 30 p.M.  
21. I hereby certify that I attended the deceased from 1936 to May 30<sup>th</sup> 1941;  
that I last saw him alive on May 30 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Coronary Atherosclerosis  
Due to Myocardial Infarction  
Arteriosclerosis  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Duration  
1 day  
?  
?

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy Ag  
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?  
(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature B. Shubert (M. D. or other) \_\_\_\_\_  
Address 1514 S. Jefferson Date signed 5/21/41

3. (a) PRINT FULL NAME AGNES D. 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 SINGLE  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased FEBRUARY 3-1863  
(Month) (Day) (Year)

8. AGE: Years 78 Months 3 Days 17  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace ST. LOUIS MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEKEEPER

11. Industry or business OWN

MOTHER FATHER { 12. Name LOUIS ALBRECHT  
13. Birthplace GERMANY  
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name AGNES HELFRICH  
15. Birthplace GERMANY  
(City, town, or county) (State or foreign country)

16. (a) Informant Lda Albrecht

(b) Address 2722 Caroline St.

17. (a) BURIAL (b) Date thereof MAY 23 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director E. J. Schuer  
(b) Address 3125 LAFAYETTE AV.

19. (a) MAY 21 1941 (b) Jas Bredich  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

00  
17  
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 Pos B. J. Vollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette Ave

**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.**