

No. 2
4-13-40
-17-3
I X23159

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: 1505 Menard St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
(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
(If outside city or town limits, write "RURAL")

(d) Street No. 1505 Menard St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME MICHAEL ALBRECHT (ALBRIGHT)

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mary

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased About 1875
(Month) (Day) (Year)

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

About 66 Unknown hr. _____ min.

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

10. Usual occupation Shoe-worker

11. Industry or business _____

MOTHER FATHER { 12. Name Michael Albrecht

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown 4

15. Birthplace Unknown 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Albrecht

(b) Address 1505 Menard St.

17. (a) Burial (b) Date thereof July 24-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New SS. Peter & Paul

18. (a) Signature of funeral director Wm. C. Maydell

(b) Address 1926 Allen Ave.

19. (a) JUL 22 1941 (b) J.P. Brebeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21st
year 1941 hour 9 minute 00 P. M.

21. I hereby certify that I attended the deceased from Apr 17 1941, to July 21 1941;
that I last saw him alive on July 21 1941;
and that death occurred on the day and hour stated above.

Immediate cause of death _____

Chronic myocarditis 3-4 yrs.

Due to _____

Due to _____

Other conditions Chronicity of liver
Ascites

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 T. Schneider (M. D. or other) MD
Address 2000 E 9th Date signed 7/22/41

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

500-18-0328

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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..... *Benj. C. Dunbar*
Licensed Embalmer No..... *2272*
P. O. Address..... *1926 Allen*

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.