

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

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: 3010 a Lemp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 48 years
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. 3010 a Lemp
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Hulda L. Albert

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 Widowed
6. (b) Name of husband or wife John Albert 6. (c) Age of husband or wife if alive, years _____
7. Birth date of deceased March 30 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 2 1 hr. _____ min. _____

9. Birthplace (unknown) Germany
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name (unknown) Frenzel
13. Birthplace (Unknown) Germany
(City, town, or county) (State or foreign country)
14. Maiden name Selma (unknown)
15. Birthplace (unknown) (unknown)
(City, town, or county) (State or foreign country)

16. (a) Informant August Lehman
(b) Address 4160 Osatha

17. (a) Burial (b) Date thereof June 3, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery
18. (a) Signature of funeral director Beiderwieden F. H. Co.
(b) Address 1936 St. Louis Avenue

19. (a) JUN 3 1942 (b) J. F. Predeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31
year 1942 hour 9 minute 45 P.M.

21. I hereby certify that I attended the deceased from May 10 1942 to May 31 1942
that I last saw him alive on May 31 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cause of illness
Due to _____

Due to Myocarditis
(Include pregnancy within 3 months of death)

Major findings: Myocarditis
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 Otto Lehman (M. D. or other) _____
Address 3157 Parkway Date signed 6/1/42

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

17
9

Dr. Otto Hamer

3157a Park

10:30 - 12

6:30 - 8

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 Thos. A. Budmick
Licensed Embalmer No. 506
P. O. Address 1936 St Louis 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.