

S. No. 2
M-5-42
7. 5-17-39
X 32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 16 1942

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

35128

State File No. _____
Registrar's No. 9217

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH: St. Louis, Missouri
(a) County _____
(b) City or town _____
(c) Name of hospital or institution: City Sanitarium 2
(d) Length of stay: In hospital or institution 24 yrs. 2 mos. 15 days
In this community About 66 yrs.

3. (a) PRINT FULL NAME: EMMA 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, Widowed
6. (b) Name of husband or wife: _____ 6. (c) Age of husband or wife if alive: _____ years
7. Birth date of deceased: Oct. 10, 1874

8. AGE: Years 67 Months 11 Days 23 If less than one day hr. _____ min. _____

9. Birthplace: Unknown New York /
(City, town, or county) (State or foreign country)

10. Usual occupation: Housework

11. Industry or business: _____

MOTHER FATHER { 12. Name: Unknown
13. Birthplace: Unknown Germany
14. Maiden name: Unknown
15. Birthplace: Unknown Germany

16. (a) Informant: R. Reggendorf
(b) Address: City Sanitarium

17. (a) Burial, cremation, or removal: Anatomical Board (b) Date thereof: 10-9-42
(c) Place: burial or cremation: St. Louis, W. R. Krich

18. (a) Signature of funeral director: _____
(b) Address: 3100 Ritz

19. (a) (b) J. F. Brodeek
(Date of record) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: _____
(c) City or town: St. Louis
(d) Street No.: 2011 Gravois
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 3
year 1942 hour 2:50 minute P. M.

21. I hereby certify that I attended the deceased from 7-13-42, 19, to 10-3-42, 19;
that I last saw her alive on 10-3-42, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Thrombosis 9-29-42
Duration: _____

Due to: _____
Due to: _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____
Of autopsy: No
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? _____
(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: Anthony K. Burch (M. D. or other)
Address: 5300 Arsenal Date signed: 10/9/42

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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.