S. No. 2
M—5-42
r. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 14 1943 318

Registration District No.

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 38413

Registrar's No. 11086

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: LUTHERAN HOSPITAL (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 17/8 9/8

(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL")

(d) Street No. 3139 PARK AV. (If rural, give location)

(e) Citizen of foreign country? YES. 0 (Yes or No)

If yes, name country SWITZERLAND

3. (a) PRINT FULL NAME ROSE MARIE 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 MARRIED

6. (b) Name of husband or wife THEODORE ALBRECHT

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased AUGUST (Month) 21 (Day) 1880 (Year)

8. AGE: Years 62 Months 4 Days 9 If less than one day hr. min.

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

10. Usual occupation HOUSEKEEPER

11. Industry or business OWN:

FATHER
12. Name LOUIS BITTER
13. Birthplace (City, town, or county) SWITZERLAND (State or foreign country)

MOTHER
14. Maiden name LENA FRITZ
15. Birthplace (City, town, or county) SWITZERLAND (State or foreign country)

16. (a) Informant Mr Theodore Albrecht

(b) Address 3139 Park av

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN 4 1943 (Month) (Day) (Year)

(c) Place: burial or cremation CONCORDIA CEM.

18. (a) Signature of funeral director E. J. Schnur.

(b) Address 3125 LAFAYETTE AV.

19. (a) DEC 31 1942 (Date received local registrar) F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 30 year 1942 hour 4 minute 40 p.M.

21. I hereby certify that I attended the deceased from 12-4-42, 19..., to ..., 19...; that I last saw her alive on 12-30-42, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cancer of Liver	6 wks.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations 12-26-42

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) M. D.

Address 3657 Grand Cty Date signed 12/31/42

(Licensed Embalmer's Statement on Reverse Side)

A

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. Jos R Vollmer

Licensed Embalmer No. 4014

P. O. Address. St Louis Mo

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.