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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 23 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6

Registration District No. 18 Primary Registration District No. 1003 Registrar's No. 366

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:
3975 Wyoming 1
(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: 000

(a) State MO (b) County 17

(c) City or town ST. LOUIS 916
(If outside city or town limits, write "RURAL")

(d) Street No. 3975 WYOMING
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME SELMA 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 WIDOWED

6. (b) Name of husband or wife BRUNO

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

7. Birth date of deceased FEB (Month) 1 (Day) 1859 (Year)

8. AGE: Years 84 Months 11 Days 10 If less than one day hr. min.

9. Birthplace ? (City, town, or county) GERMANY 4 (State or foreign country)

10. Usual occupation HOUSE

11. Industry or business WORK

FATHER
12. Name UNKNOWN
13. Birthplace " (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name "
15. Birthplace " (City, town, or county) 9 (State or foreign country)

16. (a) Informant William Albrecht
(b) Address 3975 WYOMING

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1-14-44 (Month) (Day) (Year)
(c) Place: burial or cremation NEW ST MARCUS

18. (a) Signature of funeral director Cullen & Kelly
(b) Address 4330 LINDELL BLVD

JAN 13 1944

19. (a) (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10th
year 1944 hour 4 minute a M.

21. I hereby certify that I attended the deceased from Dec 31 1943 to Jan 10 1944
that I last saw her alive on Jan 10 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis from Chr Myocarditis 2 weeks

Due to Arterio sclerosis 5 yrs

Due to old age

Other conditions — 93
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

Duration

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 Walter Eidmann 0 (M. D. or other)
Address 3146 Morganford Date signed 1-12-44

(Licensed Embalmer's Statement on Reverse Side)

3146 Morgan for

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 Clement McNeal

Licensed Embalmer No. 3732

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.