

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28009

FILED SEP 13 1951

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2002

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>2169</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Deaconess Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>4056 Miami St.</u>	
3. NAME OF DECEASED a. (First) <u>ELIZABETH</u> (Type or Print)		b. (Middle) <u>ALBRECHT</u> c. (Last)	
4. DATE OF DEATH <u>Aug. 28 1951</u> (Month) (Day) (Year)		5. SEX <u>Female</u>	
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	
8. DATE OF BIRTH <u>Feb. 22, 1888</u>		9. AGE (In years, last birthday) <u>63</u> IF UNDER 1 YEAR: Months Days Hours Min. IF UNDER 4 WKS: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Austria</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Christopher Muehlrath</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Hay</u>	
14. NAME OF HUSBAND OR WIFE <u>Joseph Albrecht</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>J. K. Albrecht</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Peritonitis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Sigmoid</u> DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>8/21/51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma - Abscess - Peritonitis</u>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>2:45 PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR <u>152X</u>		22. I hereby certify that I attended the deceased from <u>8/19</u> , 19 <u>51</u> , to <u>8/28</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>8/28</u> , 19 <u>51</u> , and that death occurred at <u>10:50 AM</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Frank A. ... M.D.</u> (Degree or title)		23b. ADDRESS <u>4952 Maryland Ave.</u>	
23c. DATE SIGNED <u>8/29/51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Aug. 31, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Kriegshausner</u>	
25. ADDRESS <u>4228 S. Kingshighway Bl.</u>		DATE RECEIVED BY LOCAL REG. <u>1951</u>	

WRITE PLAINLY—USING UNFADEING 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 _____

working under my personal supervision.

Student Embalmer No.

Signed William P. White

Signed.....
Student Embalmer

Licensed Embalmer No. 4291

P. O. Address 4228 So. King Street

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.