

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

FILED DEC 8- 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38632

State File No. 10514

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis		c. LENGTH OF STAY (In this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION 2161A Farrar Street		d. STREET ADDRESS 2161A Farrar Street					
3. NAME OF DECEASED (Type or Print) Albert		a. (First) W.		c. (Last) Albrecht			
4. DATE OF DEATH Nov. 24, 1951		5. SEX Male		6. COLOR OR RACE White			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 6, 1875		9. AGE (In years last birthday) 76			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Grocer		10b. KIND OF BUSINESS OR INDUSTRY Grocery		11. BIRTHPLACE (State or foreign country) St. Louis, MO.			
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Conrad Albrecht		13b. MOTHER'S MAIDEN NAME Unknown			
14. NAME OF HUSBAND OR WIFE Frieda Albrecht		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None			
17. INFORMANT'S SIGNATURE OR NAME Frieda Albrecht		ADDRESS 2161A Farrar Street					
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertension arteriosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Neuroplegia R. Side</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None		21e. INJURY OCCURRED WHILE AT WORK OR NOT WHILE AT WORK None		21f. HOW DID INJURY OCCUR? None			
22. I hereby certify that I attended the deceased from June 27, 1951, to Nov 24, 1951, that I last saw the deceased alive on Nov 24, 1951, and that death occurred at 12:30 P.M., from the causes and on the date stated above.							
23a. SIGNATURE M. J. Harman		23b. ADDRESS 2739 N. Grand		23c. DATE SIGNED 11/26/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-27-51		24c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery			
24d. LOCATION (City, town, or county) St. Louis		24e. (State) MO.					
DATE REC'D BY LOCAL REG. NOV 26 1951		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE SUEDEMEYER & SON'S 3934 N. 20 Street			

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Gustav W. Decker

Licensed Embalmer No. *4329*

P. O. Address *St. Louis,*

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

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