

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32810**

FILED OCT 15 1953

BIRTH NO. 7124 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9418

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u>	c. LENGTH OF STAY (In this place) <u>1 day</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Anthony Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>5926 Minnesota</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Gary</u> b. (Middle) <u>Arthur</u> c. (Last) <u>Albrecht</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 30, 1953</u>							
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>Jan 30, 1953</u>	9. AGE (In years last birthday) <u>8</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>St Louis Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				

13a. FATHER'S NAME <u>Arthur Albrecht</u>	13b. MOTHER'S MAIDEN NAME <u>Bernice Reis</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Arthur Albrecht 5926 Minnesota</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Extra-Dural Hematoma;</u>	DUE TO <u>accident</u>	
ANTECEDENT CAUSES	Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>suffered when deceased bumped his head on leg of table, or bed, see his home</u>		<u>same</u>
II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death. <u>on Sept 29 1953 about 10:50 am</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>accident</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St Louis Mo.</u>

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>Sept 29 53 10:50</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>E9360</u>
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22. I hereby certify that I attended the deceased from 19, to 19, that I last saw the deceased alive on 19, and that death occurred at 1:15A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph H. Ziegenhein</u>	23b. ADDRESS <u>1300 Clair</u>	23c. DATE SIGNED <u>10/1/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10/2/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SS Peter & Paul</u>
24d. LOCATION (City, town, or county) (State) <u>St Louis Mo.</u>		

DATE REC'D BY LOCAL REG. <u>OCT 1 1953</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J L Ziegenhein & Sons 7027 Gravois</u>
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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

C. J. Kidwell

Signed.....
Student Embalmer

Licensed Embalmer No. 3877

P. O. Address 7027 Graves

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

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