

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39522

State File No. _____
Registrar's No. 2521

FILED NOV 22 1954

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood</u>		c. CITY OR TOWN <u>Bellefontaine #2</u>	d. Residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>3 days</u>		STREET ADDRESS (If rural, give location) <u>Olive St. Rd.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Lydia</u>	b. (Middle) <u>E</u>	c. (Last) <u>Albrecht</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 28 1954</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Apr 23 1883</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>5</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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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 <u>own home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Henry Sellenriek</u>	13b. MOTHER'S MAIDEN NAME <u>Magdalena Koch</u>	14. NAME OF HUSBAND OR WIFE <u>John Albrecht</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John Albrecht</u>	ADDRESS <u>Chesterfield, Mo.</u>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Giant Follicular Lymphoma</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 mos.</u> <u>?</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Multiple Metastases</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 6/8, 1954, to 10/28, 1954, that I last saw the deceased alive on 10/28, 1954, and that death occurred at 7:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert S. Dwyer</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Crown Court, Mo.</u>	23c. DATE SIGNED <u>10/29/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-31-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. John Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Bellefontaine, Mo.</u>
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DATE REC'D BY LOCAL REG. _____	REGISTRAR'S SIGNATURE _____	25. FUNERAL DIRECTOR'S SIGNATURE <u>Chrader Funeral Home</u>	ADDRESS <u>Ballwin, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

4023
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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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Richard Bopp*.....

Licensed Embalmer No. *45*.....

P. O. Address *Ballerin*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.