

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006963
STATE FILE NUMBER
2106

FILED MAR 10 1958

Registration District No. 318 Primary Registration District No. 1003

Registrar's No. 2106

300
-57

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Pine Lawn		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 38 Grand & No. Market (On street car)		Length of stay in lb	d. STREET ADDRESS 6019 Grimshaw		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Herman Middle W. Last Albrecht			4. DATE OF DEATH Month 2 Day 19 Year 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Apr. 16, 1903		9. AGE (In years that birthday) 54 F UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist		10b. KIND OF BUSINESS OR INDUSTRY Western Supply		11. BIRTHPLACE (City and state or country) Ballwin, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME William Albrecht		13b. MOTHER'S MAIDEN NAME Emma Fohlbusch	
14. NAME OF HUSBAND OR WIFE Lucille Albrecht		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 488-05-3152	
17. INFORMANT Mrs. Lucille Albrecht		Address 6019 Grimshaw		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis DUE TO (b) Chronic Hypertensive Heart Disease DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 420.1	
19. INTERVAL BETWEEN ONSET AND DEATH 10 minutes 6 year		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE		21. I attended the deceased from 1950 to Feb 1958 and last saw her alive on January 21 1958 Death occurred at 12:55 P. m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE A M Frank mms		(Degree or title) 0		22b. ADDRESS 3701 Grand St.	
22c. DATE SIGNED 2-21-1958		23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 2/22/58	
23c. NAME OF CEMETERY OR CREMATORY Zions		23d. LOCATION (City, town, or county) St. Louis County, Mo.		(State)	
24. FUNERAL DIRECTOR Drehmann-Harral 1905 Union Blvd.		ADDRESS		25. DATE RECD. BY LOCAL REG. FEB 21 '58	
26. REGISTRAR'S SIGNATURE Carl Smith mms		27. ADDRESS mms		28. DATE SIGNED	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Dr. A. M. Frank
3701 Grandel Bq.
Je 3-4430
No Hrs. Fr.1.

Can be reached at home
334 N. Price Road
WY 3-2065

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 *Warren A. Carver*

Licensed Embalmer No. *353*

P. O. Address

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.