

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014614

STATE FILE NUMBER
2 3524

FILED MAY 6 1959 Registration District No. _____ Primary Registration District No. _____ Registrar No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		c. CITY OR TOWN <i>St. Louis</i>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>CITY HOSPITAL</i>		d. STREET ADDRESS (If outside, give location) <i>3720 CARONDELET</i>	
Length of stay in lb <i>DOA</i>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <i>JOHN</i> Middle <i>ROBERT</i> Last <i>ALBRECHT</i>			4. DATE OF DEATH Month <i>4</i> Day <i>8</i> Year <i>59.</i>			
5. SEX <i>MALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>OCT 1, 1895</i>	9. AGE (In years last birthday) <i>63</i>	IF 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) <i>BEER BOTTLER</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>FALSTAFF</i>		11. BIRTHPLACE (City and state or country) <i>St. Louis, Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13a. FATHER'S NAME <i>ROBERT ALBRECHT</i>		13b. MOTHER'S MAIDEN NAME <i>ANNA ALBRECHT</i>		14. NAME OF HUSBAND OR WIFE <i>CLARA</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>NO</i>		16. SOCIAL SECURITY NO. _____		17. INFORMANT Address <i>DOROTHY WHEELERON 4944 QUINCY</i>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <i>Thrombosis of right coronary artery with early infarction of the left ventricle</i>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>420.1</i>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) <i>420.1</i>			
20c. TIME OF INJURY Hour _____ o.m. _____ p.m. _____			20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			
20e. CITY, TOWN, OR LOCATION			COUNTY			STATE
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <i>Joseph S. Ziegenhein</i>		22b. ADDRESS <i>1300 Clark</i>		22c. DATE SIGNED <i>4/9/59</i>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		23b. DATE <i>4/11/1959</i>		23c. NAME OF CEMETERY OR CREMATORY <i>NEW PICKER CEM.</i>		
23d. LOCATION (City, town, or county) <i>St. Louis, Mo.</i>		23e. STATE				

24. FUNERAL DIRECTOR <i>J L ZIEGENHEIN & SONS</i>		ADDRESS <i>7027 GRAVOIS</i>		25. DATE RECD. BY LOCAL REG. <i>APR 9 '59</i>		26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>	
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300
1-57
38
19 1
0

M. J. B.

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 *Donald E. Berig*

Licensed Embalmer No. *4863*

P. O. Address *7027 Grav*

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.