RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–031675

FILED VS SEP 28 1959

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 334

STATE FILE NUMBER

DED

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Cape Girardeau — Length of stay in 1b: 13 hours
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): S.E. Mo Hosp. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Scott
c. CITY OR TOWN: Rural Illmo, Mo — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 1½ Miles SE of Illmo — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First EDNA Middle EMMA Last ALBRECHT
4. DATE OF DEATH: Month Sept Day 15 Year 1959
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: Nov 22, 1893
9. AGE (last birthday): 65 — IF UNDER 1 YEAR: Months 9 Days 23 — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and state or country): Near Illmo, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: John Roth
13b. MOTHER'S MAIDEN NAME: Sophia Luecke
14. NAME OF HUSBAND OR WIFE: Louis Albrecht
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Gordon Albrecht Address: Illmo, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): acute paroxysmal auricular tachycardia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): arteriosclerotic heart disease
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 9/15/59, to 9/15/59 and last saw her alive on 9/15/59
Death occurred at 3:05 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): J. H. Kenny MO
22b. ADDRESS: Cape Girardeau, Mo
22c. DATE SIGNED: 9/19/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9/18/59
23c. NAME OF CEMETERY OR CREMATORY: Lutheran Cem
23d. LOCATION (City, town, or county) (State): Illmo, Missouri

24. FUNERAL DIRECTOR ADDRESS: Bisplinghoff Funeral Home Illmo Mo
25. DATE RECD. BY LOCAL REG.: 9-21-1959
26. REGISTRAR'S SIGNATURE: Irene Kasten

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DEC 10 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con
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.