MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 24584

Township ..... Primary Registration District No. 1002 Registered No. 6741

City St. Louis Mo. (No. 4609 Page Ave. St. ..... Ward)

2. FULL NAME Sarah Albrecht

(a) Residence. No. 4609 Page Ave St., 11 Ward. ~~4609~~
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
F.	W..	W.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Albrecht

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 31; 1855

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	74	11	10	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Wife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Perryville
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Thomas Bischop

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Tenn.

12. MAIDEN NAME OF MOTHER Matilda Wathen

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Unknown

14. INFORMANT Frank H. Vissells
(Address) 4609 Page Ave.

15. FILED JUL 12 1930 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 10; 1930

17. I HEREBY CERTIFY, That I attended deceased from June, 1930 to July 10, 1930 that I last saw her alive on July 10, 1930 and that death occurred, on the date stated above, at 4 A.00 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Aortic Insufficiency
99A
191
(duration) ? yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
Extreme weather condition heat
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) A. O. Thompson, M. D.
7/11, 1930 (Address) 3108 Sears

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Perryville Mo.	7/12/30
20. UNDERTAKER	ADDRESS
Zoellner & Young	Perryville Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD