

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

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.

Schiller
Mrs. T. Bledy

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

Do not use this space.

21377

1. PLACE OF DEATH

County..... Registration District No. 79E
Township..... Primary Registration District No. 003
City St. Louis (No. 4369 Ellenwood) St. Ward)

File No.
Registered No. 5161
St. Ward)

2. FULL NAME

Joseph F. Albrecht

(a) Residence, No. 4025 Juniate St., 16 Ward. (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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-28-1856

7. AGE YEARS 77 MONTHS 0 DAYS 12 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grain Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) Feb 1-1933 11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alsace Lorraine

13. NAME Mrs. Thompson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT Louis J. Albrecht (Son) (ADDRESS) 4369 Ellenwood Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE S. Peter Park DATE 6/13 1933

19. UNDERTAKER Anna G. Hoffmeister (ADDRESS) 4016 Pennsylvania

20. FILED JUN 12 1933 J. F. Bredbeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9 - 1933

I HEREBY CERTIFY That I attended deceased from June 3rd 1933 to June 9th 1933. I last saw him alive on June 7 - 1933. Death is said to have occurred on the date stated above, at 7:00 P.M.

The principal cause of death and related causes of importance were as follows:
Arteriosclerosis (Date of onset June 29)
92A
92B
92W

Other contributory causes of importance:
Arteriosclerosis
Definitely

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) J. F. Bredbeck, M. D.
(Address) 905 Maple
Jefferson 0100

