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

Do not use this space.

28854

1. PLACE OF DEATH

County Buchanan — Registration District No. 85

Township — Primary Registration District No. 1001

City St. Joseph, (No. 802 So. 13th. St. St. Ward) — File No. — Registered No. 964

2. FULL NAME Albert Joseph Albrecht

(a) Residence, No. 802 So. 13th. St. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 73 yrs. 2 mos. 17 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)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Clara C. Albrecht

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July, 11, 1860

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	73	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Book-keeper and

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Insurance Salesman. Schneider Ins. Co.

10. Date deceased last worked at this occupation (month and year) 1920

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph, Mo.

FATHER

13. NAME John B. Albrecht

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waldheim, Germany

MOTHER

15. MAIDEN NAME Louisa Schmidt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waldheim, Germany.

17. INFORMANT (ADDRESS) Mrs. Clara C. Albrecht, 802 So. 13th. St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Memorial Park Cem. DATE Sept. 30, 1933

19. UNDERTAKER (ADDRESS) Walter Meinhoffer, 1302 Faraon St. St. Joseph, Mo.

20. FILED 9-30-33, 19 John R. Bowles, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 28, 1933. 19

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1933, to Sept 28, 1933

I last saw him alive on Sept 28, 1933. Death is said to have occurred on the date stated above, at 6.25 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocardial Insufficiency	unknown
930 G.E.	

Other contributory causes of importance: Senile

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

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? No

If so, specify

(Signed) Gustav A. Lau, M. D.

(Address) Kirkpatrick Bldg., St. Joseph, Mo.

OCT 20 1933

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.