

**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**
 Township..... Primary Registration District No. **1003**
 City St. Louis, Mo. (No. Lutheran Hospital)..... St. Ward)

File No. **21985**
 Registered No. **5735**

2. FULL NAME Mrs. Marie Albrecht

(a) Residence, No. 5554 Cabanne Avenue St. 5 Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 7 yrs. 11 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 27, 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
71 11 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 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)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

13. NAME John Estel

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Robert Albrecht (ADDRESS) 5554 Cabanne Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Des Peres - Mo DATE June 9, 1934

19. UNDERTAKER Bertrams Funeral Home, Inc (ADDRESS) 1936 St. Louis Ave

20. FILED 8-10-34 J. Brebeck Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1934 to June 5, 1934

I last saw him alive on June 5, 1934 Death is said to have occurred on the date stated above, at 5:15 P.M.

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

94A
Cardiac Pathology
94A
 Other contributory causes of importance:
Arteriosclerosis
4/4/32

Name of operation..... Date of.....
 What test confirmed diagnosis? Kab 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) Water Kelly, M. D.
 (Address) after

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.

Dr. Walter, Hurlay
after, one
122 N. 17th Street, New York, N. Y.

7-5-58

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