MAY 7 1937

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

Do not use this space.

File No. 14427

Registered No. 3923

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City ..... (No. Mo. Pac. Hosp. St. ..... Ward)

2. FULL NAME Miss Anna Albright

(a) Residence, No. 2106 Adelaide St., 9 Ward.
(Usual place of abode)

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.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
FEMALE	WHITE	SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-18-1886

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
50	6	25	

OCCUPATION

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

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BELLVILLE ILL

FATHER

13. NAME HENRY ALBRECHT

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

MOTHER

15. MAIDEN NAME LOUISA DIETZEL

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

17. INFORMANT MRS. LOUISA ALBRECHT
(ADDRESS) 2106 ADELAIDE AV.

18. BURIAL, CREMATION, OR REMOVAL
PLACE MEMORIAL PARK DATE 4-15 1937

19. UNDERTAKER W. A. STOCK UND CO.
(ADDRESS) 2117 E. GRAND BLVD.

20. FILED APR 14 1937 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-13, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-9, 1937, to 4-13, 1937

I last saw her alive on 4-13, 1937. Death is said to have occurred on the date stated above, at 4 30 A m.

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

	Date of onset
RHEUMATIC HEART DISEASE	25-30 yr
CARDIAC DECOMPENSATION	3-30-37
CHRONIC PASSIVE CONGESTION	1
BRONCHO PNEUMONIA BILAT	4-8-37
CEREBRAL EMBOLUS Lt	3-2?-37

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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) E. L. Brand, M. D.

(Address) Mo. Pac Hosp.

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.