MAY 27 1938 REC'D JUN 7 1938

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

19559
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis,
(b) Township Bonhomme,
(c) City
Registration District No. 784
Primary Registration District No. 2
Registered No. 923
(d) Street No. Olive Street Rd. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 83 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Gottlieb Albrecht, 416
(a) Residence, No. Chesterfield, Mo. R #1. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~WIFE OF~~ Elizabeth Albrecht.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 16, 1855

7. AGE: Years 83 | Months 4 | Days 10 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired farmer
9. Industry or business in which work was done, as saw mill, bank, etc. Own farm
10. Date deceased last worked at this occupation (month and year) 1935
11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Co. Mo. 0

FATHER
13. NAME Samuel Albrecht 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 9

MOTHER
15. MAIDEN NAME Elizabeth Joennies,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) August Albrecht, Chesterfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Johns Cem. Bellefountaine, Mo. 5/29/38

19. FUNERAL DIRECTOR (ADDRESS) Schrader Funeral Home Ballwin, Mo.

20. FILED MAY 27 1938 T. R. Meyer M.D. D.P.H. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1938 to May 26, 1938
I last saw him alive on May 26, 1938. Death is said to have occurred on the date stated above, at 5:30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis,	?
Other contributory causes of importance:	
arterio sclerosis,	?

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?
If so, specify
(Signed) [illegible], M. D.
(Address) Chesterfield, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, Theo. Schrader, Licensed Embalmer No. 3066

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E. Theo. Schrader

No. 3066 or by ✓ Registered Apprentice No. ✓

working under my personal supervision.

Signed Theo. Schrader

Licensed Embalmer No. 3066

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)