MAR 20 1939 FILED APR 7 1939

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

12341
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis — Registration District No. 784
(b) Township — Primary Registration District No. 115 — Registered No. 506
(c) or City University City — (d) Street No. 7116 Kingsbury. 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Herman Samuel Albrecht.
(a) Residence, No. 7116 Kingsbury. 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): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary E. Albrecht.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 21 - 1857.
7. AGE: YEARS 81 — MONTHS 5 — DAYS 27 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: President
9. Industry or business in which work was done, as saw mill, bank, etc.: Schoellhorn -
10. Date deceased last worked at this occupation (month and year): Albrecht Machinery Company
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Brossowo Germany

FATHER
13. NAME: Johann Albrecht
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany

MOTHER
15. MAIDEN NAME: Unknown Sauter.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany.

17. INFORMANT (ADDRESS): Dr. F.H. Albrecht 7116 Kingsbury.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine Cem. DATE March 20 - 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): C.R.Lupton & Sons. 7233 Delmar Blvd. University City.
20. FILED MAR 20 1939, 19 [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March, 18th 1939
22. I HEREBY CERTIFY, That I attended deceased from March, 17th 1939, to March 18th 1939
I last saw him alive on March 17, 1939. Death is said to have occurred on the date stated above, at 3:30a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	

9 5 B

Other contributory causes of importance: Senility, arteriosclerosis.

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) Frank J. Krebs, M. D.
(Address) 3500 N. Grand Blvd.

(Licensed Embalmer's Statement on Reverse Side)

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.

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3500 N. Broad
No. 1463
3-6

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~ Clarence H. Murray, Registered Apprentice No. ..... working under my personal supervision.

Signed Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, Mo

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

If this body is not embalmed, above space should be left blank.