

N 15 1939

REC'D JUL 8 1939

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

23198
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis, Registration District No. 784
 (b) Township Bonhomme, Primary Registration District No. 200
 (c) City Creve Coeur, (d) Street No. Olive St. Road. 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 15 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

416 Mary Albrecht,
 (a) Residence, No. Creve Coeur, Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Charles F. Albrecht,
 (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 24, 1863
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 8 20
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc. Own home
 10. Date deceased last worked at this occupation (month and year) June 11, 1939 11. Total time (years) spent in this occupation 50

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14, 1939
 22. I HEREBY CERTIFY, That I attended deceased from 6/13/39, 1939, to 6/14/39, 1939.
 I last saw him alive on 6/13/39, 1939. Death is said to have occurred on the date stated above, at 3:30 P.M.
 The principal cause of death and related causes of importance were as follows:
Myocardial degeneration Date of onset 23
hypertension and regurgitation 27
 Other contributory causes of importance: Senility 920

12. BIRTHPLACE (CITY OR TOWN) County Cork, 5
 (STATE OR COUNTRY) Ireland.
 13. NAME Daniel Murphy, 5
 FATHER 14. BIRTHPLACE (CITY OR TOWN) Ireland 5
 (STATE OR COUNTRY)
 15. MAIDEN NAME Katherine Donohy,
 MOTHER 16. BIRTHPLACE (CITY OR TOWN) Ireland.
 (STATE OR COUNTRY)
 17. INFORMANT Charles Albrecht
 (ADDRESS) Creve Coeur, Mo.
 18. BURIAL, CREMATION, OR REMOVAL St. Mary's Cem.
 PLACE Creve Coeur, Mo. DATE 6/17/39
 19. FUNERAL DIRECTOR (NAME) Shrader Funeral Home
 (ADDRESS) Ballwin, Mo.
 20. FILED JUN 15 1939 D.R. Meyer Local Registrar.

Name of operation _____ Date of _____
 What test confirmed diagnosis Physical 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) B. S. Haimes, M. D.
 (Address) Creve Coeur Mo.

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed.....

Licensed Embalmer No. 3066

P. O. Address Ballwin, Mo.

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

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