

No. 2
4-13-40
5-17-39
D 223159

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39750
Registrar's No. 2152

Registration District No. 1940 784 Primary Registration District No. 109

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

PLACE OF DEATH:
(a) County St. Louis
(b) City or town Maplewood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2015 Alameda
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution nil
(Specify whether in this community years, months or days) 2

3. (a) PRINT FULL NAME William H. Albrecht
3. (b) If veteran, name war no 3. (c) Social Security No. 488-07-3505

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ida Albrecht 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased Oct. 26, 1880
(Month) (Day) (Year)

8. AGE: Years 60 Months 0 Days 16 If less than one day hr. min.

9. Birthplace Jackson, Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Plumbing supplies

12. Name Carl Albrecht
13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Caroline Kay
(City, town, or county) (State or foreign country)

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Ida Albrecht
(b) Address 2015 Alameda

17. (a) Burial (b) Date thereof 11-15-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill, Cem.
18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester

19. (a) NOV 15 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Maplewood
(If outside city or town limits, write "RURAL")
(d) Street No. 2015 Alameda
(If rural, give location)
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 12
year 1940 hour 9 minute 35 P. M.
21. I hereby certify that I attended the deceased from Jan 9, 1940
to Nov 12 1940, 19 to Nov 12 1940, 19 ;
that I last saw h. im alive on Nov 12, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute myocarditis Duration 3 day

Due to Lung embolism and lung abscess following right neck resection for emphylioma in a pigmented mole.
Other conditions (include pregnancy within 3 months of death) 520

Major findings: Of operations Lymph nodes in right side of neck resected. Lung abscess drained.
Of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature E. O. Beckenridge M.D. (M. D. or other) 1
Address Maplewood, Mo. Date signed 11-14-40

NOV 17 1948

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.....

P. O. Address.....

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, fact should be so stated above.