

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41896

Registration District No. **85**

Primary Registration District No. **1001**

State File No. _____
Registrar's No. **1342**

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2816 Edmond Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Doris Anna Albrecht

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife William 6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased August 27 1850
(Month) (Day) (Year)

8. AGE: Years 90 Months 3 Days 23 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business Unknown
12. Name Unknown Schultz
13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. A. E. Jesberg
(b) Address 2816 Edmond, St. Joseph, Missouri
17. (a) burial (b) Date thereof Dec. 23, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Mora Cemetery
18. (a) Signature of funeral director Walter Meierhuff
(b) Address 1302 Faraon, St. Joseph, Missouri
19. (a) Dec. 23, 1940 (b) W. H. Nestle
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 2816 Edmond Street
(If rural, give location)
(e) If foreign born, how long in U. S. A. 59 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 20
year 1940 hour 12 minute 10 P. M.

21. I hereby certify that I attended the deceased from Dec. 10
1940 to Dec 20, 1940
that I last saw her alive on Dec 20, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia Duration 10 days

Due to 107W
Due to _____

Other conditions Senility - Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings: no operation
Of operations none
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) none
(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?

(Specify type of place) While at work? (e) Means of injury _____

23. Signature W. H. Nestle (M. D. or _____)
Address 825 Charles Street Date signed 12-21-40

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:

Chas. J. Ester

Licensed Embalmer No. Mo. 4154

P. O. Address St. Joseph, Missouri

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.