

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 789

Primary Registration District No. 200

Registrar's No. 731

76  
0  
0

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Manchester Mo  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Ozark Nursing Home  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 months  
(Specify whether years, months or days)

In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis 96

(c) City or town Manchester  
(If outside city or town limits, write "RURAL.")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULLNAME George C Albrecht

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mary Albrecht 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb 7 1861  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>1</u>	<u>25</u>	hr. _____ min. _____

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

10. Usual occupation retired

11. Industry or business \_\_\_\_\_

12. Name Christ Albrecht

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

14. Maiden name unknown

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

16. (a) Informant Katherine Southard

(b) Address 2715 St. Louis Ave.

17. (a) Burial (b) Date thereof Apr 4 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethel

18. (a) Signature of funeral director A. Knapp & Co

(b) Address 2707 W Grand

19. (a) APR 3 1941 (b) R. J. Jensen  
(Date received local health officer) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2nd  
year 1941 hour 4 minute 45 A. M.

21. I hereby certify that I attended the deceased from May 2nd, 1940, to April 1, 1941; that I last saw him alive on Mar 31, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Atherosclerosis  
(Include pregnancy within 3 months of death)

Major findings: Of operations CPD  
Of autopsy \_\_\_\_\_

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 R. J. Jensen (M. D. \_\_\_\_\_)

Address Manchester, Mo Date signed 4/3/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

O. 1937 120

Missouri D. 1937

*A. Brown & Co* Undertaking Co.

Address *2702 W. Grand Blvd*

St. Louis, Mo.

EMBALMER'S CERTIFICATION

This is to certify that I, the undersigned, a licensed embalmer, personally and efficiently embalmed the following described cadaver:

Full name *George C. Albrecht* Race *W*

Place and date of death *Ozark Nursing Home*

Physician (or Coroner) signing Certificate

Place and date of Embalming *2707 W. Grand 4-2-41*

Remarks

Signed *Paul F. Knollenberg* Missouri License No. *1691*

I hereby certify  
working under my pe

Note: The above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

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