No. 2
1-4-41
17-39
X26390

96
0
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25206

Registration District No. 184 Primary Registration District No. 200 Registrar's No. 1660

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution: Robert Koch Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital ~~or institution~~ 20 days (Specify whether
In this community 20 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County — 000

(c) City or town St Louis 17
(If outside city or town limits, write "RURAL") 7

(d) Street No. 4120 A Blaine
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country /

3. (a) PRINT FULL NAME Lora Albrecht

3. (b) If veteran, name war —

3. (c) Social Security No. 490-05-2939

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, 3 divorced Divorced

6. (b) Name of husband or wife Elmer Albrecht

6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased Jan (Month) 4 (Day) 1914 (Year)

8. AGE: Years 28 Months 6 Days 29 If less than one day ___ hr. ___ min.

9. Birthplace Jacksborough (City, town, or county) Texas 1 (State or foreign country)

10. Usual occupation Factory

11. Industry or business Tobacco

FATHER
12. Name Emmerson Roach
13. Birthplace Newburg? (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Mary Isobel Black
15. Birthplace (City, town, or county) Oklahoma 1 (State or foreign country)

16. (a) Informant Koch Hospital record

(b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-6-42 (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 S. Kingshighway Blvd.

19. (a) AUG 4 - 1942 (Date received local registrar) (b) C. G. McGarrow M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 3
year 1942 hour 12 minute 40 P.M.

21. I hereby certify that I attended the deceased from 7-14- 1942 to 8-3 1942
that I last saw her alive on 8-3-42 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Tuberculosis	11 Mo.
Intestinal Tuberculosis	
Tuberculosis of Larynx	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

BM

Major findings:
Of operations
Of autopsy Tuberculosis of Lungs Intestine and Larynx

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? (Specify type of place)

While at work? (e) Means of injury /

23. Signature Paul Murphy (M. D. or other)

Address Koch 146 Date signed 8-3-

707

(Licensed Embalmer's Statement on Reverse Side)

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. Reinhold R. Lohrman

Licensed Embalmer No. 3395

P. O. Address .....

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

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