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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 29 1942

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registration District No. 318 Primary Registration District No. 1006 Registrar's No. 10687

02
17
9
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3144 A CHEROKEE ST.
(If rural, give location) _____
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Henry Charles Albrecht
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 21, year 1942 hour 12:15 minute _____ P. _____ M. _____

4. Sex MALE 5. Color or race WHITE 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 50 years
7. Birth date of deceased MARCH 14 1889
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from December 19, 1942 to December 21, 1942.
that I last saw him alive on December 21, 1942 and that death occurred on the date and hour stated above.

8. AGE: Years 53 Months 9 Days 7 If less than one day _____ hr. _____ min.

Immediate cause of death Carcinoma of Larynx & metastases to neck
Due to _____
Due to _____

9. Birthplace WATERLOO ILL. (City, town, or county) (State or foreign country)
10. Usual occupation nil

Other conditions (Laryngeal cancer)
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy Same plus blood in bronchial tree.

MOTHER FATHER
11. Industry or business _____
12. Name WILLIAM ALBRECHT
13. Birthplace ILLINOIS (City, town, or county) (State or foreign country)
14. Maiden name MARY SPAETH
15. Birthplace ILLINOIS (City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Idia Albrecht
(b) Address 3144 A Cherokee St.
17. (a) BURIAL (b) Date thereof DEC 24 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEM.

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? _____

18. (a) Signature of funeral director E. J. Schmur
(b) Address 3125 Lafayette Ave.
19. (a) DEC 22 1942 (b) J. F. Predeck
(Date received local registrar) (Registrar's signature)

While at work _____ (Specify type of place)
(c) Means of injury _____
23. Signature Robert P. Hartman (M. D. or other) _____
Address 1515 Lafayette Avenue Date 12/21/42

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 James B. Vollmer

Licensed Embalmer No. 4014

P. O. Address 1312 Lafayette Ave

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.