

DEPARTMENT OF COMMERCE

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

BUREAU OF THE CENSUS
FILED JUL 26 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution 3904 Cleveland Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(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. 3904 Cleveland Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Magdalena Albietz

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife William

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased July 7 1869
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>75</u>	<u>0</u>	<u>7</u>	_____ hr. _____ min.

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

10. Usual occupation Home

11. Industry or business _____

12. Name John Bissert

13. Birthplace Unknown
(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 Marie McCartney

(b) Address 4229 Utah St.

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof July 17 '44
(Month) (Day) (Year)

(c) Place: burial or cremation New SS Peter & Paul Cem.

18. (a) Signature of funeral director Walter Helderke

(b) Address 3634 Gravois Ave.

19. (a) JUL 16 1944
(Date received local Registrar)

(b) J. F. Bredich
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14
year 1944 hour 4 minute 15 P.M.

21. I hereby certify that I attended the deceased from Oct 15 - 1943
_____ 19____ to July 14 1944
that I last saw her _____ alive on 7-14 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Atherosclerosis, Hypertension and myocardial insufficiency

Due to _____

Due to _____

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

Duration
1 year

PHYSICIAN

Major findings: None

Of operations _____

Of autopsy None

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) No

(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 John Hammond (M. D. or other _____)

Address 634 N. Grand Date signed 7/15/44

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

MOTHER FATHER

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..... *Robert C. White*

Licensed Embalmer No..... *2128*

P. O. Address..... *Harris mo.*

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.