V. S. No. 2
00M—2-43
Rev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 21 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14883

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4098

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 4060a Hartford Street
(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 000 17/6

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 4060 Hartford St.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Fred Albietz Sr.

3. (b) If veteran, name war no

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 9

6. (b) Name of husband or wife Ida Albietz

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

7. Birth date of deceased Feb. 12, 1870 (Month) (Day) (Year)

8. AGE: Years 75 Months 2 Days 23 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Fred Albietz
13. Birthplace Germany (City, town, or county) (State or foreign country) 4

MOTHER
14. Maiden name Susan Bollinger
15. Birthplace France (City, town, or county) (State or foreign country) 5

16. (a) Informant Lucille Albietz
(b) Address 4060a Hartford St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 9, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation New SS. Peter & Paul Cm.

18. (a) Signature of funeral director Weick Brothers
(b) Address 2201 S. Grand Bl.

19. (a) MAY 8 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5 year 1945 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from Feb. 12, 1945 to May 5, 1945 that I last saw him alive on May 5, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis with Decompensation

Due to

Due to

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

Major findings:
Of operations

Of autopsy

Duration: about 1 year

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 [illegible] (M. D. or other) MD

Address 3306 Grain Date signed 5/8/45

(Licensed Embalmer's Statement on Reverse Side)

On Mercedes

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 Henry A. Stewart

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

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.